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ABSTRACT

Developed by a group of researchers, administrators, and practitioners, this manual provides a practical guide for improving the coordination of education, health, and human services for at-risk children and families. Divided into three main sections, the guide leads readers through a five-stage process of group collaboration. The milestones in and obstacles to the process are portrayed through vignettes and case studies that describe the personal experiences of the group members. In the first part, "Outlining a Vision for Change," it is argued that an interlocking set of integrated education and human services is an essential part of a community in which learning occurs. The second section, "Realizing the Vision," presents a five-stage framework to help partners collaborate and develop their own process for changing complex systems, a process that focuses on long-term change while being flexible enough to respond to changing circumstances and conditions. The third part, "Communities Moving toward the Vision," profiles four collaboratives with initiatives to integrate and link services to schools. Appendices include two assessment checklists; a directory of key contacts and organizational resources; and a bibliography that includes sources for more specific guidance on the topics discussed in this guide. (MM)

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A Guide for Crafting a Profamily System of Education and Human Services

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and Human Services

PS

Together We Can

A Guide for Crafting a Profamily System of Education and Human Services

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Foreword

This book was developed jointly by the U.S. Department of Education and the U.S. Department of Health and Human Services to help communities improve coordination of education, health and human services for at-risk children and families. *Together We Can: A Guide for Crafting a Profamily System of Education and Human Services* reflects the work and experience of a study group of researchers and front-line administrators and practitioners working with promising programs that link education and human services. *Together We Can* leads the reader through a five-stage collaborative process with milestones and landmines portrayed through vignettes and case studies describing the personal experiences of the study group members.

Together We Can is a practical guide that can assist local communities in the difficult process of creating a more responsive education and human service delivery system. The guidebook emphasizes the effective delivery of supports for families, a crucial step toward assuring the future success of America's children. Recognizing that the current system of programs serving children is fragmented, confusing and inefficient, the guidebook advocates a radical cange in the service delivery system. It encourages a holistic approach in treating the problems of children and families; easy access to comprehensive services; early detection of problems and preventive health care services; and flexibility in the use of federal and state funds for education, health and human services.

We believe this guide is a practical tool for the many communities that are working to create more comprehensive, family-focused service systems for children and their families.

We invite your comments.

Richard W. Riley Secretary U.S. Department of Education	Donna E. Shalala Secretary U.S. Department of Health and Human Services

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Many individuals played an important role in the development of *Together We Can*. Susan Talley and Carol Mitchell from the U.S. Department of Education (ED) and Richard Silva from the U.S. Department of Health and Human Services (HHS) spearheaded and coordinated the effort. David Mack and Hunter Moorman from ED and Ann Segal from HHS provided valuable insights and support throughout the development of the guide.

Without the capable leadership and direction of Martin J. Blank from the Institute for Educational Leadership, the guide would not have been possible. He served as chair of the School-Linked Integrated Services Study Group, and his expertise and ability to understand and facilitate group processes allowed the Study Group members to bring out their views and perspectives in meaningful ways. He was able to deal with controversial and complicated issues with sensitivity.

We are grateful for the Study Group members' generous commitment of time, energy, and contributions. Their knowledge and insights advanced what we know about transforming systems and improving outcomes for children and families.

As principal author, Atelia I. Melaville's analysis and insights were critical in synthesizing the Study Group's diverse views into a cohesive work. We are indebted to her for a document that we believe grapples honestly with the complexity of systems change, while providing useful guidance to collaborative partners who want to know what to do next. Gelareh Asayesh brought her considerable journalistic talents to the preparation of the profiles and vignettes. Jeanne Jehl, administrator on special assignment for the San Diego City Schools and a panel member, made a special contribution to the education dimension of the guide. Jessica Lipschultz and Lisa Goldblatt of the Institute for Educational Leadership provided research and administrative support that served as the glue for the process.

Thanks also to PrismDAE, a division of DAE Corporation, the contractor responsible for managing this entire effort under the direction of Kristin N. Curran. Bruce A. Thompson edited the guide with great care. Others to be thanked are Barbara C. Singer, Francis X. Sullivan, Laurie R. Webb, William J. White, and Lee Zirkel.

We also want to recognize the contributions of the OERI Publications Office, particularly the assistance of Nancy Floyd.

Preface

Across America, people are recognizing that all of the institutions and agencies whose mission is to nurture and strengthen children and families must collaborate. They realize that no single institution has the resources or capacity to do the job alone.

The U.S. Department of Education and the U.S. Department of Health and Human Services charged the School-Linked Integrated Services Study Group with capturing the experiences of collaborative endeavors across the country and creating a guide for integrating services. The Study Group's rich experience has been critical to the vision of communities where learning can happen and the creation of the profamily system of education and human services described in the guide. It is the basis for the five-stage collaborative process at the heart of the guide, which can help new and existing collaboratives enhance their capacity to change the system.

Basic to the guide is the concept of **systems change.** We define systems change as a revision of the ways that people and institutions think, behave, and use their resources to affect fundamentally the types, quality, and degree of service delivery to children and families. The Study Group believes **collaborative strategies** are the key to systems change. Cooperation, in which partners agree to work together to meet their individual goals without substantially changing the services they provide or the rules and regulations governing their institutions, is not enough. Collaborative strategies, in which partners share a vision, establish common goals, and agree to use their power to achieve them, are necessary; commitment of resources and willingness to alter existing policies are a vital part of such strategies.

Most importantly, the children and families who participate in our education and human service systems are essential to its reinvention. They are indispensable partners with educators, human service professionals, business leaders, civic and religious leaders, leaders of community-based organizations, and other citizens in creating the profamily system that the guide envisions.

This guide is dedicated to all the people who are working to strengthen America's families. They are the pioneers envisioning the future and risking change. They are devoting time and energy to their belief that our society must do a better job of creating the conditions under which families can carry out their responsibilities and succeed. We trust that this guide will empower them and help people at all levels of government and in all sectors of society to collaborate on behalf of a brighter future for all our children and families. To the extent we create that future, we will build a strong tomorrow for the America we share.

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Introduction

From time to time, every family, no matter how self-sufficient, needs help: a short-term loan to pay the rent on time in a month of unexpected expenses, someone to help care for a sick child or parent, legal advice, specialized training to compete for a better job, or advice on an adolescent child who is not doing well in school. More serious problems such as chronic illness, unemployment, or homelessness can make special help a continuing necessity. Families with strong support networks and ample financial resources often can find the help they need from friends and relatives or—without too much trouble—in the community. Using the information and connections of their social acquaintances and their own ability to purchase services, these families usually can act to resolve crises effectively and to keep small problems from getting out of hand.

It is not so easy for families with limited financial resources and whose friends and relations may not be better off than they are. All too often, the prevention and support services that can help families maintain their self-sufficiency and ability to care for their children are unavailable. Essential education, health, and human services are often inaccessible or provided in ways that diminish—rather than enhance—families' abilities to control their own lives. Separate, unresolved problems grow into complicated tangles that affect every family member and put children at high risk of failing in school and later in life. In the process, everyone loses.

Across the country, communities are asking what can be done to reclaim the one child in four who is in jeopardy of school failure. They are asking how other, often highly interrelated, problems that place youth at risk—poverty, premature parenthood, substance abuse, unemployment, and homelessness—can be addressed so that children can learn. The challenges are fundamental ones for American society. What is required to create communities where learning can happen? What supports do families need to raise children who are educationally and emotionally successful and are able to pursue productive and satisfying careers? How can services be made more responsive and more likely to help large numbers of children and families retain control over their lives? How can schools help, and what responsibility must be assumed by other institutions that serve children and families?

A growing number of communities are developing collaboratives to gather the information needed to discuss these questions fully and to arrive at collective decisions for resolving them. With a common vision, the collaborators or partners in these collaboratives are becoming a voice for children and families. By virtue of their broad-based representations, collaboratives are an emerging force for change in America's communities. These efforts reflect a growing consensus among researchers, policymakers, and practitioners that stronger connections between family, school, and the larger community, particularly among educators and health and human service providers, are essential to the success of children and families.[1]

Together We Can offers a guide for communities interested in creating a profamily system of integrated services to address the complicated problems children and families face in today's society. While *Together We Can* draws largely on the experience of urban communities, the lessons apply to rural communities as well. Its purpose is to help communities across America develop a process for fundamentally restructuring services and service delivery within and among child- and family-serving institutions. *Together We Can* is written for everyone who has a part to play in helping children and families succeed—parents; teachers; administrators and practitioners who provide educational, health, recreational, cultural, and human services; prospective employers; elected officials; policymakers; labor union officials; and members of the advocacy community. It is based on the belief that "together we can" marshal the expertise and political will necessary to ensure that children and families receive the services they need. Acting alone, nobody will succeed.

The task of creating a more responsive service delivery system is not easy. The findings of the inspector general of the U.S. Department of Health and Human Services in *Services Integration: A Twenty-Year Retrospective* confirm the difficulty of integrating services.[2] The report concludes that interagency coordination frequently results in short-term improvements in the accessibility of services for some clients, but has little permanent effect on the operation of key institutions. Interagency efforts to collaborate on integrating services routinely face a string of obstacles such as "the ubiquitous problems of institutional deficiencies, professional training differences, resource constraints, communication gaps, authority, and 'turf issues.'"[3]

Despite the difficulty involved and the limited research on the effectiveness of service integration, strategies to build more rational and responsive service and support systems for children and families are continuing to gather momentum at the local, state, and federal levels. Realizing the importance of this activity, the U.S. Departments of Education and Health and Human Services convened a Study Group on Services Integration in July 1991 to discuss how collaboration can be used to make services more responsive to child and family needs. *Together We Can* distills the knowledge of the Study Group members, a diverse group of practitioners, policymakers, researchers, and advocates engaged in efforts to develop profamily systems of integrated services at the local, state, and national levels.

The charge of the Study Group members was to extract the common themes from their experiences and to identify, if possible, the landmines and major milestones that mark progress toward more responsive services for children and families. They narrated, reflected upon, and retold their experiences in trying to build a system of services that is profamily, school linked, and integrated. Their dialogue focused not only on successes, but also on failures so others might learn from their mistakes. In particular, the participants were asked to address the question of how to create permanent improvements in the institutions that serve children and families. Their candid assessments, insights, and analysis form the basis of this guide.

Together We Can is written as a guide, not a cookbook, for two reasons. First, within the parameters of the vision and the process proposed herein, there should be wide variation in the design and content of local initiatives. The experience of Study Group members and others in local efforts shows that following a rigid formula will not work. The best recipe for change in each community will depend on the mix of local ingredients and circumstances. The details of how services can and should be changed and how resources can be reconfigured to meet the needs of specific groups of children and families are not addressed here. The purpose of this guide is to help communities develop an approach that will work best to meet local needs.

Second, there is simply not enough research available for a definitive book on developing a profamily system of integrated services. There is little hard evidence documenting significant gains in education or child welfare as a result of service integration efforts. While attempts to integrate services are emerging around the country, conscious efforts to alter personal relationships within and across institutions and to change the quality of services, not just to improve access to them, are far fewer in number. With little experience and evaluation available, communities must assess their resources and circumstances and ask, "What services will work best for which children and families and under what circumstances?"

*****

Part I, Outlining a Vision for Change, argues that an interlocking set of integrated education and human services is an essential part of a community where learning can happen.[4] While no substitute for the other elements of a fully functioning community, especially jobs and a strong economy, a profamily system of integrated services provides a critical buffer for at-risk youth and many of the opportunities necessary to help every young person meet his or her potential. This guide envisions a profamily system that would expand the capacity of helping institutions and specialized remediation and treatment services to meet the needs of children and families before problems become more difficult and costly to repair. It outlines a strategy for integrating and restructuring current services into a profamily system and describes the key characteristics of effective service integration initiatives.

Part II, Realizing the Vision, presents a five-stage framework to help partners collaborate and develop their own process for changing complex systems—one that focuses on long-term change while being flexible enough to respond to changing circumstances and conditions. Instead of steps, the framework highlights the major milestones that let partners know they are making progress. Within each stage, the guide also calls attention to the landmines that are likely to crop up along the way. Brief stories illustrate both milestones and landmines experienced by local initiatives.

Part III, Communities Moving Toward the Vision, profiles four collaboratives with initiatives to integrate and link services to schools: Walbridge Caring Communities in St. Louis, Missouri; Lafayette Courts Family Development Center in Baltimore, Maryland; New Beginnings in San Diego, California; and the Youth Futures Authority in Savannah-Chatham County, Georgia. Each effort arose from a distinctive set of circumstances and grew in response to local needs, resources, and references. These profiles illustrate the various aspects of the five-stage framework for building the capacity of partners to work together and fine-tune their efforts to accomplish shared goals. Some readers may wish to begin the document by looking at these profiles, since the vision for change and the five-stage framework in this guide emerged from experiences such as these.

Together We Can also includes three resource appendices. Appendix A offers two checklists that collaboratives can use to assess their progress. Appendix B is a **Directory of Key Contacts and Organizational Resources** listing contact information on the initiatives cited in the guide and additional sources of information and technical assistance. Finally, there are **Notes** and a **Bibliography** that includes numerous sources for more specific guidance on collaboration, services integration, and key elements of effective service delivery.

Part I

Outlining a Vision for Change

On one corner drugs,
On the other corner thugs.
On another corner hookers.

Up that street gangs,
Down the street gangs.
Downtown crews
Beating people down for hats and shoes.

In the ghetto there's always violence,
But one day I hope for peace and silence.

The 15-year-old boy, Charles, who wrote this poem is in 10th grade at a vocational-technical school in Baltimore, Maryland. There is a lot he is trying to understand about his own family's turmoil and the poverty, violence, and unrest in his neighborhood. An older sister and brother are school dropouts. Another sister recently quit her job as a housekeeper because she could not find safe child care for her preschooler. His mother was abused as a child and only recently left her husband, who had abused Charles' sisters for years. Even though his mother finished a GED last fall, she has no specific skills and does telemarketing; the family still needs supplemental welfare. As for Charles, he is failing geometry in a class with 50 students. With the exception of carpentry, which he loves, his grades are barely passing. In school, he daydreams frequently, he says, just "wondering what happened."[1]

A Loss That Matters

> *". . . the family must have sufficient emotional strength remaining after dealing with survival issues to care for and nurture [its] children. In practical terms, this means access to food, shelter, physical safety, and economic stability. As these resources diminish, stress increases, and the outcomes in terms of children become less acceptable."*[2]
>
> Phillip J. Schwatz
> Isadora Hare
> Peter J. Pecora
> Joan H. Zlotnick

Charles, like an estimated 25 percent of young people growing up in America, is seriously at risk of failing in school and later in life. Surrounded by gangs, drugs, violence, family stress, financial hardship, and older siblings who did not graduate from high school, Charles has much more to overcome than the difficulties of learning math. School is not the central concern in Charles' life, but his performance there will deeply affect his ability to provide for himself and his own family in the future.

Based on national averages, if Charles does not finish school, he is twice as likely to be unemployed as a high school graduate. Even if he can find a job, Charles can expect his paycheck to be one-third lower than it would be if he had a high school diploma.[3]

If Charles drops out of school, it will be a personal tragedy for him and his family. For America, his failure will add to a growing national crisis. According to the Committee for Economic Development, "This nation cannot continue to compete and prosper in the global arena when more than one-fifth of its children live in poverty and one-third grow up in ignorance."[4]

It is neither economically prudent nor morally acceptable to continue to squander the talents of millions of children. Yet, the conditions in which they are coming of age are getting worse instead of better.[5] While the data ebb and flow over time, a profile of young people's well-being during the 1980s shows that:

- **Poverty among children worsened by 22 percent.** One in five children now live in poverty; among children under 6 years old, the number is one in four.
- **Only about 70 percent of American students finish high school in 4 years.** While an additional 15 percent finish by age 24, the loss to society remains substantial.[6]
- **The number of single teen parents is rising steadily.** Births to single teens increased 14 percent during the 1980s.
- **More young people are dying from violence.** The death rate among 15- to 19-year-olds from homicides, suicides, and accidents increased over the decade from 62.4 to 69.3 deaths per 100,000 young people.
- By conservative estimates, **at least 100,000 children are homeless on any given night.**[7]

Unless America pays heed to Charles and others like him, millions of young people will fall far short of their promise. They may never develop the skills that will allow them to care for their own children and that this nation needs to maintain its economic vigor and international competitiveness. Americans must find better ways to enable children and families to develop their potential. To do this, America needs to build communities where learning can happen—communities that have economic and physical resources and a profamily system of education and human services that will support children and families in their efforts to succeed.[8]

An Alternative: Communities Where Learning Can Happen

> *"We need to demonstrate in this nation that we celebrate children, believe in them, challenge them, and prepare them for their world. And, most important, [we need to] create opportunities for them."*
>
> Alonzo A. Crim
> former Superintendent of Atlanta City Schools

Basic physical and emotional security, opportunities for membership and participation in society, flexible and responsive educational experiences, and a safe and secure environment should be available to all American children and families. These are the characteristics of communities where learning can happen—places where young people can explore the full range of their potential, gain the knowledge and develop the skills necessary to become productive adults, and learn the values of democratic citizenship and concern for others. Communities where learning can happen include well-connected rings of caring and support and a strong infrastructure. (See Figure 1.)

At the heart of every community should be its children and families. In communities where learning can happen, children and families are surrounded by three interconnected rings of care and support. Closest to the family is a circle of **caring relationships**—the extended family, friends, neighbors, and coworkers who are their first source of support. Families turn to these people when they need a short-term loan, help with child care, a job recommendation, or just someone to listen and show concern. Families are not isolated; they have close relationships with people who can share information and resources to help them solve their problems.

The second ring embracing the family is a wide, cushioning band of **helping institutions**. This ring contains schools, churches, community organizations, libraries, recreation centers, community colleges, hospitals and health centers, and voluntary agencies. Together, these institutions help *all* young people and their families develop their talents and interests as well as their capacity to learn and apply knowledge. By offering a full range of prevention and support services—prenatal health services, child care, counseling, job training, mentoring, and other assistance—helping institutions prevent unmet family needs from becoming intractable problems.

A third, much narrower, ring contains specialized **crisis-intervention and**

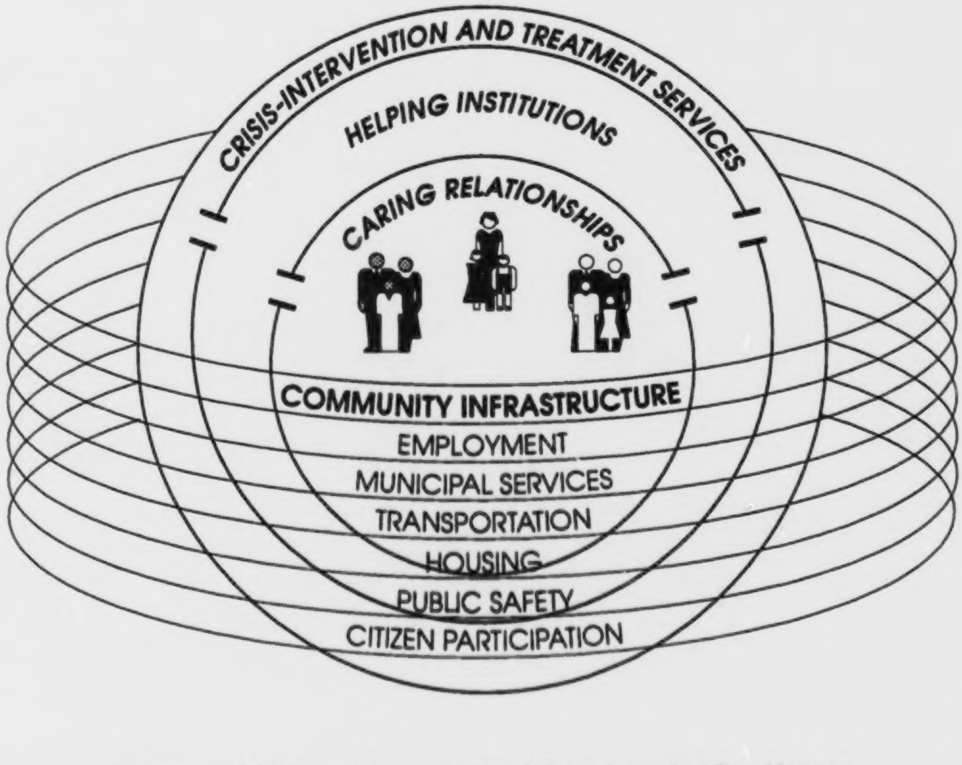

Figure 1. A Vision of Communities Where Learning Can Happen

treatment services—child welfare, income maintenance, juvenile justice, mental health, and drug and domestic abuse treatment—to help people for whom prevention was not enough. In communities where learning can happen, these services are readily available and easy to find. Providers work together, instead of at cross-purposes, to make sure that children and families receive intensive services as long as necessary to resolve their problems.

Swinging doors connect each of these rings so that families can easily move back and forth across and within each ring to find the degree of help they need. Together, these rings comprise a service delivery system that is accessible, integrated, and designed to strengthen family self-sufficiency. As a result, children can learn and flourish.

These interconnected rings of care and support are held together by a multipronged infrastructure. A resilient economy provides ample jobs that pay a family wage—a wage that ensures a decent standard of living. Police and law enforcement services work with residents to keep neighborhoods safe. An affordable housing market makes it possible for everyone to enjoy decent housing and for many to own their homes. An efficient transportation system connects all sectors of the metropolitan area and enables residents to reach jobs and services. Municipal services, including trash pickup and street and neighborhood maintenance, encourage a sense of civic pride. Policy and decisionmaking boards with active citizen participation work closely with local, state, and federal government to keep child and family issues top priorities.

Tragically, an increasing number of American children do not live in communities where learning can happen. Too many grow up in neighborhoods where jobs, affordable housing, transportation, safe streets, and the other basic elements of a functioning community are only marginally in place. Their families have few resources. Their first line of defense against everyday problems and long-term stresses—the support available from relationships with extended family, friends, coworkers, and neighbors—is often limited, not because caring relationships do not exist, but because the friends and relatives of at-risk families are usually struggling themselves and cannot offer more than limited aid.

In communities with a weakened infrastructure and where families have few resources, a profamily system of education and human services is critical. A strong, interlocking set of helping institutions and crisis-intervention and treatment services can buffer children against the risks associated with school failure and related problems—premature parenthood, unemployment, and dislocation from mainstream opportunities and rewards. Of course, a profamily service delivery system is only part of a community where learning can happen. The best education and human service delivery system is no substitute for a strong economy, safe streets, affordable housing, available transportation, efficient municipal services, and active civic participation. Unless the current service delivery system is improved, however, children and families will become increasingly vulnerable to the problems associated with a weakened infrastructure. The following section highlights some of the current system's deficiencies and outlines the characteristics of a more responsive system of services.

The Current System and How It Falls Short

> *"It's a fractured system . . . developed as a knee-jerk reaction to specific problems: a problem arises, you treat the symptoms, and create a structure around that problem. Then a problem crops up somewhere else, another structure is created. It becomes a jerry-rigged, Rube Goldberg contraption."*[9]
>
> David Tobis
> Center for the Study of Family Policy

Most American communities already offer at least a basic set of health, education, and welfare services. There is widespread agreement, however, that such services are not enough to meet the needs of a growing number of children, and they are organized and delivered in ways that severely limit their effectiveness.

One analysis of the current system identified several critical flaws:[10]

- **First, services are crisis oriented.** They are designed to address problems that have already occurred rather than to offer supports of various kinds to prevent difficulties from developing in the first place.
- **Second, the current social welfare system divides the problems of children and families into rigid and distinct categories that fail to reflect interrelated causes and solutions.** Services designed to correspond to discrete problems, commonly referred to as categorical problems, are administered by literally dozens of agencies. Each has its own particular focus, source of funding, guidelines, and accountability requirements. Even though a child and his or her family may need a mix of health, education, child welfare, or other services, separate and often conflicting eligibility standards and rules governing the expenditure of funds work against comprehensive service delivery. Services are provided within, rather than across, service categories.
- **Third, the current system is unable to meet the needs of children and families due to a lack of functional communication among the various public and private agencies that comprise it.** Agencies with pronounced dissimilarities in professional orientation and institutional mandates seldom see each other as allies. Operating like ships passing in the night, agencies have little opportunity to draw on services available throughout the community that might complement one another.
- **Fourth, the current system falls short because of the inability of specialized agencies to easily craft comprehensive solutions to complex problems.** Existing staff typically represent only a narrow slice of the professional talent and expertise needed to plan, finance, and implement the multiple services characteristic of successful interventions.

These critical flaws stand out clearly when the current system is examined from the perspective of families and frontline workers.

Through a Family's Eyes

The current system fails families in several ways. First, for many families, *the services they need are often not available.* This is particularly true in low-income urban areas, where the ring of helping institutions is often many times narrower than in more affluent suburbs.[11] Recreation centers, libraries, museums, youth-serving organizations, health centers and hospitals, and other providers of safe and constructive afterschool activities are often sorely lacking in the neighborhoods that need them most. In virtually every neighborhood, essential crisis-intervention and treatment services are shrinking at the same time that the number of families in need is growing. In a recent survey of nearly 400 randomly selected municipal officials, 27 percent reported worsening conditions in the availability of human services in their communities during 1991. This represents a threefold increase from the 9 percent reported in 1989.[12]

Second, *even when services are available, they are not always accessible.* In many cases, families do not know what services exist or how to find them. Families must use money, persistence, and a high

Gena: One Mother's Story

Gena is trying to develop job skills while contending with an unemployed, abusive husband. To sign up for food stamps at the welfare office, domestic abuse counseling at the women's center, and literacy education at the community college, she will have to go to three different offices in three different parts of town. She has no one to leave her children with. Ricky, the oldest, is in kindergarten in the morning, but Gena—knowing that she will not be back in time to pick him up—takes him, as well as the younger children, with her. Because the bus line does not come through her neighborhood, she will have to take a cab unless she can find someone able to drive her and wait. She must bring special documents to prove her eligibility at the food stamp office and then make two more trips before learning whether she will be certified. Attending weekly domestic abuse counseling and literacy classes, if the times do not conflict, will multiply transportation and child-care costs. Eventually, the costs will outweigh the benefits, and it is likely that Gena will drop the programs before her problems are resolved. Meanwhile, Ricky's teacher has asked Gena to come to the school for a conference. She told Gena that Ricky may not be ready to be promoted to first grade next year and blames his lack of progress on poor attendance.

degree of problem-solving ability to track down multiple sources of help. There is no single location or agency responsible for connecting families with a comprehensive set of services and supports.

Third, *some services are unacceptable to families who must use them.* Families rely on their own cultures and backgrounds to help them decide what is best for them and their children. When services make them feel they no longer have control over their lives or ignore or contradict their cultural values, families simply may not use them or use them less than needed. Thus, a lack of services may disproportionately affect a large number of families within specific ethnic and racial groups.

Fourth, *services typically focus on family weaknesses and problems rather than on their strengths.* Because the current system focuses on problems, family strengths and preferences are seldom recognized or built upon. Services are provided to children and families rather than in partnership with them. The system assumes that professionals know what services and decisions will be in each family's best interest even though they often know little about each family's goals and system of supports. What counts, families soon learn, is saying what the provider wants to hear. Hence, families often see service providers as another barrier they must circumvent to get what they need.

A Frontline Worker's Perspective

There are many reasons why frontline workers (teachers, social workers, nurse practitioners, and others) who deal directly with families fault the current system. Teachers facing packed student rosters are frustrated that their efforts are not enough to help children succeed. When children come to school hungry; burdened with responsibility for other family members; or simply to escape home environments that are chaotic, dangerous, or abusive, their learning suffers. Instead of teaching, teachers and principals often find themselves coping with emergencies—scrambling to find clothes, food, medical attention, and counseling for children. While school may offer some degree of safety, school personnel know they are not equipped to help their students solve all of their problems.

Frontline workers in child- and family-serving agencies, overburdened by high caseloads, are further constrained by strict rules that control who they can work

Unacceptable Services—Despite the Best of Intentions

. . . a Central Harlem adult literacy program has far fewer students than expected. Residents confided to a home visitor that they were too embarrassed to participate. They wanted to learn to read, but tutoring was done in the main room of the branch library where everyone, including their children's friends, would see them and know that they were illiterate.

. . . a mentoring program could not involve young Latina girls because service providers underestimated parental concerns about their daughters' safety. Although very interested in joining, the girls could not convince their parents that they would be safe going to a community center after school and spending time with strangers. The parents had not been invited to meet the potential mentors, and the only communication between the school and parents was a formal permission slip written in English.

. . . health care providers in some communities experience lower-than-expected treatment success rates because they fail to work with key family members. Parental involvement is often necessary to ensure the best home care and followup. At the same time, health care providers need to realize that parents are not always the primary caregiver. In many Southeast Asian cultures, for example, a senior member of the extended family, rather than a parent, may be in charge of family health matters. In black families, grandmothers, aunts, or other family members may be the key person.[13]

. . . substance abuse programs that are not sensitive to gender issues overlook the special conflicts women face in seeking help. Many women who abuse drugs also have been physically and sexually abused by men and are often unwilling to enter a program staffed largely by males.[14]

with, for how long, and what services they can offer. Usually, they are judged simply by the number of services they provide, regardless of their effects on the self-sufficiency, educational performance, or employment status of the people who seek their help. Frontline workers may know that people they are working with (or family members) have other problems their agency is not authorized to address, but there will be little they can do to connect the family to additional help. Usually, there is very little communication and even less coordination among people working in separate agencies, although many of these professionals work with the same families. One service is offered, but several more may be needed before anyone's efforts pay off. Isolated from colleagues who might make their own work with families more successful, too few providers routinely experience the sense of accomplishment that comes from making the lives of children and families better. Individual mothers, fathers, and children become "clients." Faces blur. Eventually, a frontline worker's determination to make a difference in people's lives becomes determination just to keep going.

Suffering the Consequences

The message is clear—under the current system, children and families are not getting what they need. Services to enhance the development of children and the functioning of families are limited. Preventive services are few and far between. Constrained by funding requirements or their other obligations, schools and helping institutions wait until needs grow into difficult problems, then work alone instead of joining forces to solve them. The demand for crisis-intervention and treatment services increases steadily. As a result, most resources are drawn away from preventive services where they could do the most good and are directed, instead, to patch up long-ignored crises that are the most difficult and costly to repair.

Changing Direction: Toward a Profamily System

> *"This agenda is neither new nor radical. It is about a renewed commitment to make today's increasingly challenged families succeed."*[15]
>
> Douglas W. Nelson

If we listen to families and frontline workers, the direction to take is clear. America needs to move toward a system that corrects the shortcomings of the current system and provides a new approach to service delivery. The new system—a profamily system—must greatly expand the capacity of helping institutions and crisis-intervention and treatment services to work together. It must create new working relationships, operating assumptions, and high-quality services that support families and help them meet their potential. The specific details of such a system will vary according to the needs of the children and families in each community, the availability of local resources, and the new system's stage of development. Despite these differences, a truly profamily system must possess several characteristics. It must be:

- **Comprehensive**. A variety of opportunities and services respond to the full range of child and family needs. Activities to help children and families develop their talents, pursue their interests, and participate in community life are abundant. Helping institutions offer services to help families meet their responsibilities and avoid problems. Specialized crisis-intervention and treatment services are available and easily accessible.
- **Preventive**. The system is geared toward preventing problems rather than reacting to them. "Front-end" developmental and preventive services receive the bulk of resources; thus, there is less demand for more costly "back-end" crisis-intervention and treatment services.
- **Family centered and family driven**. Family members are related and so are their problems. Thus, the system meets the needs of whole families, not just individuals. The system also assumes that every family has strengths. As a result, families have a major voice in setting goals and deciding what services they need to meet them. Key service delivery features such as hours and location of services serve family needs rather than institutional preferences.
- **Integrated**. Separate services are connected by common intake, eligibility determination, and individual family service planning so that each family's entire range of needs is addressed. An integrated system makes it easier for families to get the help they need and ensures a more efficient use of service providers' time and resources.
- **Developmental**. Assessment of children's and families' changing needs is a cornerstone of the system. Plans are responsive to age, developmental status, and other unique conditions; services are not static.
- **Flexible**. The system is agile and adaptable. It provides frontline workers with the discretion to respond quickly to family needs. Rules that constrain the ability of agencies to address emergencies or prevent them from occurring are waived, while those that protect families' due process and privacy rights are clarified.

- **Sensitive to cultural, gender, and racial concerns**. Services reflect the belief that membership in a group with a specific history and set of values and traditions is a source of great strength. Respect for cultural difference is formalized in systemwide policy statements, carried out in staff development activities, and reflected in the diversity of governing boards and staff. Services are designed in consultation with representatives of key ethnic and cultural groups.

- **Outcomes oriented**. Performance is measured by improved outcomes for children and families, not simply by the number and kind of services delivered. Service providers help families to set reasonable goals and share responsibility for attaining them. Staff are provided with the training, supervision, and access to multiple services necessary to change their behavior in concrete ways, and they are held accountable for doing so.

Summary of Characteristics of a Profamily System

A profamily system is:

- Comprehensive;
- Preventive;
- Family centered and family driven;
- Integrated;
- Developmental;
- Flexible;
- Sensitive to race, culture, gender, and individuals with disabilities; and
- Outcomes oriented.

Is it possible to create the kind of crosscutting system these characteristics describe, given the political realities and bureaucratic complexities in the current system? Could focusing efforts on institutional change distract policymakers from the fact that current funding levels, no matter how efficiently resources are used, are simply not enough to handle the growing number of families and children who need help? Is it wise to advocate a new system without solid evidence to prove that it can be implemented successfully?

These are all legitimate concerns. They have made more than one advocate of systems change counsel humility and patience to communities who want to quickly integrate their own systems.[16] Yet, there is growing confidence that "someday soon, what we know will catch up with what we believe."[17] Thus, those interested in improving services for children and families must use the interim to experiment, evaluate, and fine-tune strategies that head in the direction America needs to go.

The Tools for Change

> *"All around the country, we've been forced to read the handwriting on the wall. Either we work together, or we don't continue to exist."*
>
> Anne T. Pelletier
> Massachusetts Society for the
> Prevention of Cruelty to Children

Helping communities find ways to build a service delivery system that surrounds families with connected rings of care and support is the subject of this guide. It offers counsel—based on a growing body of practical knowledge—that suggests how existing delivery systems can be fundamentally restructured and recreated. It offers caution as well, recognizing that a profamily system without a strong infrastructure will not solve the difficult problems that have weakened a troubling number of America's communities.

The elements of a profamily system seem sensible and should be easy to attain, but making these changes will be exceedingly difficult. Simply increasing coordination among service providers by helping schools and other organizations refer children and families to each others' services or stationing workers at more accessible locations to provide business-as-

Envisioning a Profamily School

How do schools fit into a profamily system? A school that considers families as clients will flex and adapt its procedures to meet the needs of children and families. Working with other agencies in a profamily system of services, schools and school systems can:

- Engage children and their families in an active learning process in the school. This leads to positive learning outcomes, and it nurtures a commitment to lifelong learning.
- Allow for parent choice of schools and school programs. Many public systems have magnet schools, schools-within-schools, open enrollment areas, special attendance permits for child care, and other options to allow parents choice in their children's education.
- Create flexible school schedules to meet parent needs. Not all classes at the same school need to run on the same schedule; some families would prefer an early schedule, some a later one.
- Provide before- and after-school programs on site or link them with other organizations in the community to provide students with safe travel between the school and the program.
- Reduce the stigma of public assistance for children from low-income families. Some schools have a separate lunchline for students getting free lunch; others provide some school programs only for children who can pay. A profamily school acknowledges the value of all families and allows all students access to all activities and services.
- Designate a "family advocate" for families to attend conferences with teachers, administrators, and special staff and link families to needed support services. In many schools, parents are outnumbered by school staff in meetings and conferences, and school staff use professional terms and acronyms that are not readily understood by parents. The "family advocate" represents the interests of parents by asking questions, requesting clarification or explanation of terms, and making sure that parents understand and consent to any decisions that are made. The advocate also knows about other services that families need and can help families make connections.
- Provide translation for non-English-speaking parents at meetings, conferences, and children's performances. Translate written materials (school and district forms, newsletters, and letters from the principal) so that families can be informed fully about events and practices at the school.
- Introduce "Family Kindergarten," "Family Math," and other programs to familiarize parents with learning activities and strategies to reinforce school learning at home.
- Establish a parent hotline or a telephone tree so that families stay in touch with school events. Make sure that it is available to all parents, no matter what language they speak.
- Work with adult education agencies, community colleges, private industry councils, or local nonprofit groups to provide adult literacy, English as a second language, and employability skills training for family members at the school site. Schedule this training at the most convenient time for parents to participate, provide child care for younger children, and furnish supervised homework sessions for older ones.

usual services will not be enough. Adding a program here or a service there is not the answer either. To make a real difference in families' lives, the type, quality, and degree of services and service delivery must be altered throughout the community. *Child- and family-serving institutions must work together to change fundamentally the way they think, behave, and use their resources. The entire system must change.*

Collaboration: A Vehicle for Systems Change

A profamily system will eventually benefit the entire community and the many neighborhoods where children and families live. Creating such a system will require the united efforts of many **partners**—key leaders from different sectors who come together to find solutions to shared problems.

For purposes of this guide, a **collaborative** is a group of community leaders who have agreed to be partners in addressing shared problems. The collaborative undertakes an **initiative**—a series of interrelated activities designed to solve these shared problems and create a new system of services for children and families. According to a document published by the Education and Human Services Consortium, how far these partners move beyond the status quo will depend on whether they choose a cooperative or a collaborative strategy to guide their planning and action.[18]

Partners using a cooperative strategy agree to work together to meet their individual goals. They do so without making any substantial changes in the services they provide or in the rules and regulations that govern their own institutions. They may make space available for another provider to colocate services, or they may provide information and training about their services to other institutions to increase the number of referrals. No efforts are made, however, to establish common goals or to mutually commit resources to achieve them. At the service delivery level, cooperative efforts may result in more accessible service to a given group of clients, but the quality of services they receive is unlikely to change. At the systems level, no effect on the basic system of services is likely to occur.

Partners using a collaborative strategy establish common goals and agree to use their personal and institutional power to achieve them. Partners must have the authority to speak for their institutions or the segments of the community they represent. They agree to commit resources and alter existing policies and procedures to attain measurable goals and objectives. They accept individual and collective responsibility for outcomes. It is collaboration, far more than cooperation, that offers the possibility of real service integration and the best chance of restructuring the current patchwork of categorical services into a profamily system.[19]

Characteristics of Effective Initiatives To Change Service Delivery Systems

Numerous cities and counties, often with financial support and technical assistance from the state and private foundations, have formed collaboratives and begun initiatives to create more responsive child and family services. None has yet implemented fully a communitywide profamily system—although many are developing prototypes in targeted neighborhoods of how such a system might look. Their combined experience suggests that effective service integration initiatives have several characteristics in common.

Summary of Characteristics of Effective Initiatives To Change Service Delivery Systems

Effective initiatives:

- Are school linked;
- Are rooted in the community and closely connected to state government;
- Use place-specific service delivery prototypes to create systems change;
- Are data driven;
- Are financially pragmatic;
- Use new forms of interprofessional preservice and inservice education, training, and leadership development;
- Use the collaborative's influence to engage all citizens in decisions about the social and economic well-being of children and families; and
- Balance the political and technical dimensions of systems change.

First, *effective initiatives are school linked.* These initiatives focus on children and families from a school or group of schools as their primary population and offer services and programs based on their specific needs. School-linked initiatives may or may not provide services at the school, but they involve schools and school staff in planning, operating, and governing the initiative and train personnel at all levels with their colleagues in other agencies.

> ***"To link services to children and families to schools, you need determination within the school—it has to be central to the school's value system."***
>
> Primus Mootry
> Community Schools of America
> Better Boys Foundation

Second, *effective initiatives are rooted in the community and closely connected to state government.* Effective initiatives have the backing and involvement of those who use services, those who provide them, and those who help pay for them. At the organizational level, line staff, middle managers, and chief executive officers have a voice in policy-level decisions, and professionals and consumers work on an equal footing. At the state level, those who set policy and control the flow of resources support local initiatives and can be mobilized quickly to take specific action when necessary.

Third, *effective initiatives use place-specific service delivery prototypes to create systems change.* **Prototypes** are efforts to move toward an ideal—the creation of profamily services throughout a community. They are experimental delivery systems designed to bring to life the characteristics of a profamily system. Prototypes concentrate a critical mass of education and human services on children and families living in a targeted high-risk neighborhood in the community. Not only do they offer quality services to children and families, they also provide a vehicle through which partners learn how best to deliver services to children and families and identify the policy changes needed to build a profamily system. With this information, collaboratives can adapt and expand a prototype's most successful features to other neighborhoods and other parts of the service delivery system.

Fourth, *effective initiatives are data driven.* They develop comprehensive community profiles to establish baseline indicators showing how well children and families are faring, how well services are meeting family needs, and where serious gaps in services exist. Additional information and data collected in planning and implementing service delivery prototypes identify specific changes in systemwide policies and practices.

Fifth, *effective initiatives are financially pragmatic.* Instead of basing service delivery changes on the availability of new money, they use existing resources fully. They rely on external support primarily to fund a collaborative's planning efforts and to provide enough financial stability to ensure that prototype efforts point toward systemwide policy changes. The collaborative develops long-range financing strategies to secure permanent funding for improved service delivery by redirecting and maximizing the current funding. Instead of maverick change efforts, successful initiatives are coordinated with existing reform efforts at the state and local levels to build on linkages, knowledge, and resources already being funneled into the community.

Sixth, *effective initiatives use new forms of interprofessional preservice and inservice education, training, and leadership development.* Narrow professional training has helped to create and continues to reinforce the existing system. To confront this problem, initiatives include interprofessional training for staff of service delivery prototypes and encourage similar training for personnel across the education and health and human service systems. In addition, they involve higher education institutions with the collaborative and explore ways preservice education can be changed to produce teachers, social workers, and other service professionals able to staff and manage a profamily system.

Seventh, *effective initiatives use the collaborative's influence to engage all citizens in decisions about the social and economic well-being of children and families.* A profamily education and human service delivery system is only one aspect of a community where learning can happen. Initiatives should educate all citizens about the needs of children and families. They should ensure that family needs are reflected in all major community decisions about education and human services, economic and environmental development, housing, transportation, and safety. Collaboratives can achieve these goals by publishing community report cards on the well-being of children and families, involving the media to get out their message, and working to influence the agendas of elected officials in all areas.

Eighth, *effective initiatives balance the political and technical dimensions of systems change.* Bringing people together in collaboratives, building shared visions, and reaching agreement among many interests on new ways to allocate scarce resources are inherently political activities. At the same time, creating the service delivery designs and methods necessary to put those resources to work requires substantial technical effort. For initiatives to succeed, collaboratives must develop both political and technical skills. For example, an initiative's leaders must not only have the technical ability to compile a community report card but the political acumen to use the data effectively—by requiring partners to look at their own performances and individual and collective goals. Developing a long-range financing strategy requires extensive technical knowledge of a maze of state and federal funding sources; it also requires commitment by politically savvy partners to pool funding sources and to negotiate the waivers and exceptions that might be necessary to do so.

A Caveat: Avoiding "Projectitis"

> *"It is much easier to make symbolic change through a project than to change the system in any depth—to cooperate rather than to collaborate."*
>
> Michael Kirst
> Stanford University

As partners move forward, they need to stay focused on the big picture—restructuring existing resources and services into a profamily system. Partners who choose collaboration, however, sometimes confuse tinkering at the margins with institutional change. Even those who agree on a common goal and who share staff and accountability can become so absorbed in designing individual projects to help a small number of children and families at the service delivery level that they never get around to changing systems—making permanent improvements in services and service delivery consistent with the elements of a profamily system. The result has been called "projectitis": the tendency to add new programs to existing systems without developing mechanisms to expand successful innovations and improve outcomes throughout the community for everyone with similar needs. Well-meaning collaboratives with this affliction often develop high-quality services. However, they frequently rely on short-term money, never generate enough resources to multiply or sustain their initiatives, and never reach more than a portion of the children and families who need better services.

Prototypes at the service delivery level are different from "projects." They are purposefully conceived to help partners learn—through trial and error and repeated fine-tuning—how to provide high-quality services more efficiently, improve relationships among frontline workers and families, and alter existing policies and procedures throughout their institutions to make systemwide changes. Unless partners are willing to use this knowledge and carry through on their commitments, however, the way they do business at the systems level will not change very much, and neither will outcomes for children and families.

Part II

Realizing the Vision: A Five-Stage Process

Changing a community's current system of services into a profamily system is a long-term undertaking. Systems often seem to have a life of their own and resist change. Hence, partners interested in integrating services must develop a process of change powerful enough to overcome multiple layers of resistance—in attitudes, relationships, and policies—within and across service provider institutions, among consumers, and throughout the community.

If there is a single lesson to be drawn from the recent experience of collaboratives, it is that there is no single "right way" to make change. Instead of following a cookbook, step-by-step approach, partners must find the most effective way to knit their local needs, resources, and preferences into a purposeful plan. The challenge is to develop a process of working together that is flexible enough to allow adjustments to new circumstances, while staying focused on long-term goals.

Part II reflects this fact by offering communities a strategic five-stage process for realizing their own vision of a profamily system. Each stage embraces a set of milestones—benchmarks that let the collaborative know it is making progress. (See the summary box on the following page.)

Collaboratives that use this process will move through each stage in their own way and at their own speed. Some may move to the next stage before passing every milestone in the previous stage, and some may work in two stages at once. Often, collaboratives will pursue several milestones at the same time. How long partners spend in each stage depends on the focus of the collaborative and the degree to which they can avoid landmines—the common mistakes that block progress.

A picture of this process looks much more like a spiral than a line. (See Figure 2.) Following the direct route may seem the fastest way to reach an end point, but in dealing with systems change it is not always the most efficient or effective. Straight lines can stop dead when they run into roadblocks or ricochet off obstacles in unintended directions. A spiral, however, loops back on itself to gain strength.

Collaboratives will often find themselves repeating milestones and stages as new people are engaged and as the group continues to clarify its purpose and intent. This process of "spiraling back" should not be seen as an indication that the collaborative is failing to make progress; indeed, it will often be the case that spiraling back is essential for the entire collaborative to move forward with energy and commitment. At the same time, partners should continually assess their work to

Summary of Five-Stage Process

***Stage One*: Getting Together.** In this stage, a small group comes together to explore how to improve services for children and families. They identify other community representatives with a stake in the same issue, make a joint commitment to collaborate, and agree on a unifying theme. They also establish shared leadership, set basic ground rules for working together, secure initial support, and determine how to finance collaborative planning.

***Stage Two*: Building Trust and Ownership.** Next, partners establish common ground. They share information about each other and the needs of families and children in their community. Using this information, they create a shared vision of what a better service delivery system would look like, and they develop a mission statement and a set of goals to guide their future actions.

***Stage Three*: Developing a Strategic Plan.** Here, partners begin to explore options that flow from their common concerns and shared vision. They agree to focus on a specific geographic area, and they design a prototype delivery system that incorporates the elements of their shared vision. Partners also develop the technical tools and interagency agreements needed to put their plan into action. During this stage, the group may go back to preceding stages to bring in new partners and to continue building ownership.

***Stage Four*: Taking Action.** Partners begin to implement the prototype. They use the information it provides to adjust the policies and practices of the organizations that comprise the prototype service delivery system. Partners design an ongoing evaluation strategy that helps them to identify specific systems-change requirements, make mid-course corrections, and measure the results.

***Stage Five*: Going to Scale.** Finally, partners take steps to ensure that systems-change strategies and capacities developed in the prototype are adapted, expanded, and recreated in locations throughout the community where profamily services are needed. To do this, partners continue to develop local leadership, strengthen staff capacity by changing preservice and inservice training, and build a strong constituency for change.

make sure they are advancing toward long-term goals.

Even when the process reaches Stage Five, Going to Scale, the collaborative will still need to loop back to the other stages. To create a profamily service delivery system large enough to reach children and families throughout the community, the collaborative must engage new partners and plan and implement additional prototypes. As collaboratives continue this spiraling process, gain greater commitment to their vision, and learn to avoid landmines, progress will happen more rapidly, and the vision of a profamily system can begin to become a reality.

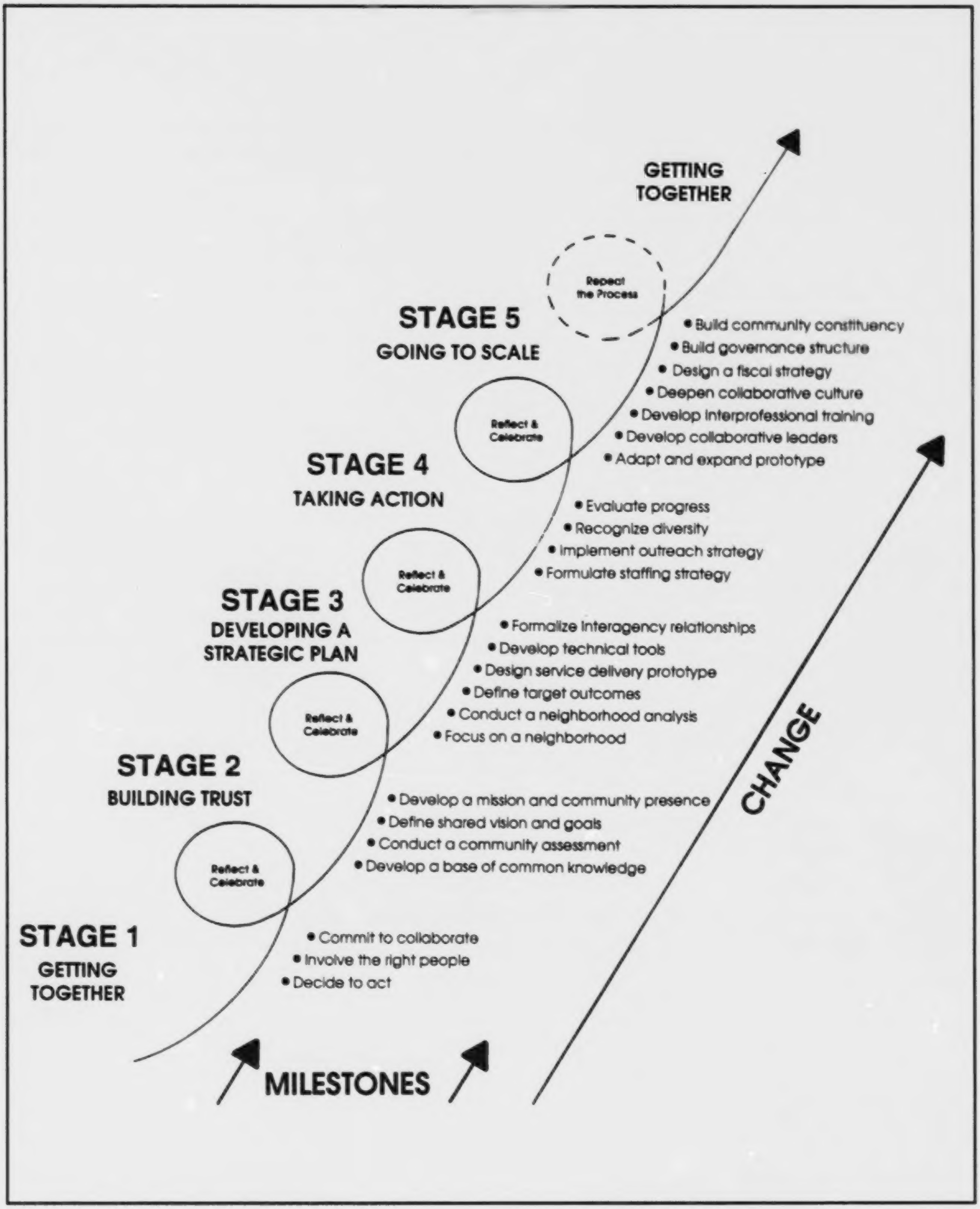
GETTING TOGETHER
Repeat the Process
STAGE 5
GOING TO SCALE
• Build community constituency
• Build governance structure
• Design a fiscal strategy
• Deepen collaborative culture
• Develop interprofessional training
• Develop collaborative leaders
• Adapt and expand prototype
Reflect & Celebrate
STAGE 4
TAKING ACTION
• Evaluate progress
• Recognize diversity
• Implement outreach strategy
• Formulate staffing strategy
Reflect & Celebrate
STAGE 3
DEVELOPING A STRATEGIC PLAN
• Formalize interagency relationships
• Develop technical tools
• Design service delivery prototype
• Define target outcomes
• Conduct a neighborhood analysis
• Focus on a neighborhood
Reflect & Celebrate
STAGE 2
BUILDING TRUST
• Develop a mission and community presence
• Define shared vision and goals
• Conduct a community assessment
• Develop a base of common knowledge
Reflect & Celebrate
STAGE 1
GETTING TOGETHER
• Commit to collaborate
• Involve the right people
• Decide to act
CHANGE
MILESTONES

Figure 2. Building a New System: A Five-Stage Process for Change

Stage One

Getting Together

"Collaboration is a mindset that says, ***of course*** *I'm going to need the help of others to do my job well!"*

Sidney L. Gardner

Major Milestones

The process begins when a small group **DECIDES TO ACT** together to address the shortcomings in the current child and family service delivery system—a problem that their own institution or organization cannot solve independently.

Organizers become partners and **INVOLVE THE RIGHT PEOPLE**, a diverse group with clout and commitment.

The group **MAKES A COMMITMENT TO COLLABORATE** by agreeing on a unifying theme, establishing shared leadership, setting ground rules, and securing financial resources for the collaborative's planning efforts.

During each stage, partners **REFLECT** on what has happened and **CELEBRATE** success.

Milestone: Deciding To Act

"In any community, if a cross-section of key leaders gets together and sees an issue that needs attention, especially one with economic implications, then something's going to happen."

Cynthia Marshall
Cities in Schools

Local collaboration to improve services for youth and families can start in various ways. Many collaboratives form when state policymakers encourage or require the agencies they oversee to form interagency task forces, councils, or committees to help them plan together. Others grow from the availability of state or foundation funds to design and demonstrate new methods of service delivery that require close local collaboration. In some communities, a galvanizing community event—the death of a child or a drive-by shooting—unites different elements of the community. Local collaboratives can result from high-profile leadership, behind-the-scenes action by key education and human service administrators, or from the efforts of mid-level managers.

Strategies mandated by the state or started by local officials are often referred to

Starting at the Middle

Two mid-level managers who decided to put together a continuum of early childhood services launched the Early Childhood Collaborative in Washington, D.C. Barbara Ferguson Kamara, director of the D.C. Office of Early Childhood Development, and Maurice Sykes, her counterpart in the city's school system, began contemplating the idea in May 1990. The two gathered a team of managers from nine city agencies to develop a plan for comprehensive early childhood services and garnered support from key community players. To strengthen the collaborative, they also used a consultant to help organize key private-sector leaders into the Early Childhood Committee. The Committee works as an adjunct to the collaborative, helping to raise private-sector resources.

A year later, the mayor, the school system, and the Early Childhood Committee officially became partners in the Early Childhood Collaborative. The Collaborative is developing its first pilot effort, the Early Childhood Development and Family Support Center at the Frederick Douglass and Stanton Dwellings Public Housing Projects and Turner Elementary School. The Center, already planned as part of a city economic development project, will expand considerably with the Collaborative's involvement. The Early Childhood Committee contributed $200,000 for an infant care center and additional funds to provide staff and consulting support to the Collaborative.

For the Collaborative, starting at the middle has paid off. Its mid-level management roots protected the group from political change that helped usher in a new mayor and a new school superintendent shortly after the Collaborative began.

as "top down." Those started by community members and neighborhood residents are referred to as "bottom up." While successful collaboratives can start at any level, the most effective ones soon blur the top-down/bottom-up distinction. They blend a bottom-up sense of urgency and knowledge of local circumstances with the advantages of top-down support. These advantages include relief from burdensome regulations and access to the resources, information, and technical assistance necessary to develop a long-range financing strategy.

Instead of a hierarchical organization based on power coming from above, collaboration involves people from many areas who share power and work together to accomplish a goal. This requires members of a collaborative to behave in ways and to exhibit skills that may be very different from those required in their own organizations, particularly those that are highly specialized and hierarchical.

While a galvanizing community event can set the stage for collaboration, a person or group with a vision must take advantage of the opportunity. Whoever initiates action at the local level should be seen as an "honest broker"—an impartial leader who can help others understand why children and families are at risk, why it matters, and how an integrated system of services could reduce that risk. He or she must encourage leaders in a variety of positions to work together.

Milestone: Involving the Right People

> *"Make sure you talk to everybody you need to talk to, because you never know where there are going to be objectors in the system."*
>
> Ed Tetelman
> New Jersey Department of Human Services

Communitywide change requires communitywide mobilization of resources and will. After deciding to act, organizers must identify and bring together all the potential players who would have a stake or role in pursuing a profamily system. Potential players include groups and organizations that represent people who live in the community, use its resources, provide services, set policy, or rely on the community as a source for workers and a good place to do business. In an effective collaborative, everybody has something to contribute: special skills and knowledge or authority and influence among a special constituency in the community. Hence, every player should have an equal voice in decisionmaking.

Ultimately, the collaborative must form a web of alliances that represents the interests and resources of the entire community. Organizers, and other partners as they come on board, should use personal relationships to reach out to potential partners. It is important at this stage to remember that people are being invited to the table to explore a problem of mutual interest. No one is in charge, and no agenda has been set. That will be the task of the collaborative. Recruiting key partners and incorporating them into the collaborative will take time. While working to develop a broad-based membership, partners also should work to make allies out of potential enemies. Successful collaborators continually ask themselves, "Who is in a position to obstruct our efforts? How can we help them see the advantages of working together and involve them?"

Criteria for Membership

When recruiting members, organizers should look for people who will bring *clout, commitment,* and *diversity* to the table. **Clout** refers to the ability to act for and allocate resources on behalf of one's organization. Partners with clout will usually be the heads of organizations or those clearly authorized to speak for them.

Commitment concerns a partner's willingness to put what is good for children and families before what is expedient for his or her own organization, constituency, or personal interest. Commitment relies not only on intentions but actions. It means that partners are willing to foster change in systems in which entrenched interests resist such efforts. Being committed also includes helping people in the partner's own group or organization see the need for and benefits of change and providing them with opportunities to contribute to the collaborative's planning and decisionmaking. Not all partners will begin with the same level of commitment; strengthening this commitment will be a key task of the collaborative. The strongest collaboratives include players from organizations that recognize the value of collaboration and who see their individual work on behalf of the collaborative as inextricably tied to their organization's mission.

Diversity requires that the collaborative's membership reflects a wide range of skills and expertise and a cross-section of ethnic, racial, and cultural perspectives. Though different backgrounds can strain a collaborative, broad representation is necessary to develop policies and practices that will respond to the full range of community needs. Diversity also ensures sensitivity to important differences in cultural norms, behaviors, and expectations. Finally, a diverse collaborative sets a standard of openness and mutual respect that should be followed within and throughout each partner organization.

Consumers

> *"When agencies collaborate about the planning and delivery of services and fail to include the input of the community, it is possible that they will create a whole system of services that no one uses. Effective collaboratives are those that include the community—the consumers—in planning activities right from the start. Any other approach is folly."*
>
> Linda Moore
> Institute for Educational Leadership

If the collaborative's efforts are to improve family outcomes and achieve broad-based community support, the people who use services (consumers) must help establish its goals and strategies. Consumers, after all, are the people whose lives the collaborative's decisions will affect. Their representatives can be found in many places, including Chapter I and Head Start Advisory Councils, parent-teacher groups, church-based organizations, civic groups, community associations, block clubs, tenant groups, and community development corporations. Although these grassroots organizations often have few financial resources to contribute to a collaborative, their participation is critical because they reflect grassroots community interests and racial and cultural perspectives.

Public-Sector Organizations

Public-sector organizations are the conduits for bringing major resources into the community. Their participation brings legitimacy and visibility to the collaborative and ensures the degree of change needed to help large numbers of children and families. In addition, the connection of public-sector organizations with federal and state agencies can help the collaborative create and sustain open lines of communication with these important sources of technical assistance and policy support. Potential partners in the public sector include senior school officials, major government-supported human service agencies, and representatives from other public-sector departments such as housing, transportation, public safety, and city and county planning departments.

An Inclusive Collaborative

In Tucson, Arizona, the Ochoa-Mission View Coalition draws from the top, middle, and bottom of traditional service hierarchies. Top policymakers and the people who use services sit together to tackle problems. They bring two perspectives—and often two languages, English and Spanish—to the table. "One of the things we're finding out about real-world problem solving is that it takes several perspectives to figure out a problem and to solve it," says Paul Heckman, assistant professor at the University of Arizona's College of Education.

The Coalition is a key partner in an initiative to effect change both within schools and in the communities and service networks connected to schools. The 5-year undertaking started in 1990 in two Tucson elementary schools. Principals, teachers, and parents from the schools sit on the Coalition, as do the president of the Tucson school board, the South Tucson mayor, a local council person, business people, and private service providers. Participants are equals regardless of their status. "We want to see everybody as having expertise of a different kind," says Heckman. "The more divergence we have in our expertise," he adds, "the smarter we're all going to be."

Private Providers and Nonprofit Organizations

Organizations in the private, nonprofit sector like United Way, United Black Fund, Big Brothers and Big Sisters, YMCA, Boys and Girls Clubs, Junior League, groups representing significant racial and ethnic segments of the community, advocacy groups, health and hospital organizations, and smaller community-based organizations also have an important part to play. These groups often are highly experienced in developing effective service delivery strategies. Many have well-developed volunteer networks and useful community contacts. Local affiliates can offer substantial research knowledge, training, and leadership development programs. Many private agencies have expertise in delivering preventive and family-oriented services.

Community foundations also are important partners. In many localities, they are neutral players who not only can contribute money, but who have the ability to bring together a wide variety of community leaders. Religious and civic organizations, too, can help mobilize the resources and commitment of many private citizens.

Businesses and Business Organizations

The involvement of large corporations, small businesses, and organizations representing business further legitimizes the collaborative's efforts. Their participation tells the community at large: "Supporting families is good business." In addition, businesses bring specific skills associated with management, marketing, and finance. The presence of corporate expertise can help collaboratives benefit from the latest methods for managing information and resources. In addition, some business participants may be willing to loan staff to work on specific activities or allow the collaborative to use their office space or facilities.

Business involvement in the collaborative also has the potential to result in better long-term employment and economic opportunities for young people and their families. Active business involvement is more likely to occur when the collaborative's goals relate clearly to business profitability.[1] Both large and small employers need to understand the connection between strategies to help children and families succeed and their own need for a well-prepared workforce. If these concerns are visibly incorporated into the collaborative's agenda, local employers are more likely to provide training opportunities and productive entry-level and career-ladder opportunities for community residents.

Elected Officials

Elected officials, faced with declining budgets and escalating demands for services, must find new ways to promote efficiency and effectiveness in government. An increasing number see collaboration as a possible means to that end. Indeed, any collaborative serious about changing the community's service delivery system eventually must have the backing of city, county, and state policymakers who control substantial resources. The sanction of elected officials can help bring the right players to the table, create the conditions for action, and leverage resources from the education, human service, housing, transportation, and economic development sectors. However, strong participation by other partners will be necessary to ensure that the collaborative serves as a voice to empower children and families, not as a forum to advance any individual's political agenda.

In choosing when and how to involve elected officials, the collaborative should realize that community-based decisionmaking is vulnerable to political concerns. Political pressures can split partners along partisan lines or push them toward politically expedient, but short-term, projects. An election defeat, decline in popularity, or priority changes may cause an elected official to turn his or her attention and influence elsewhere, leaving the collaborative stranded.

Some collaboratives like the Youth Futures Authority in Savannah-Chatham County, Georgia, have successfully involved elected officials from the onset. Others, like

New Beginnings in San Diego, have chosen to keep elected officials well informed and supportive, but not directly involved. The bottom line is that elected officials must be committed to the goals of the collaborative. Their policymaking must respect these goals whether or not they are involved directly in planning the collaborative.

The Role of the Media

Closely related to the issue of whether and when to bring in public officials is the question of when and how to use the media. Decisions on when the collaborative should "go public" should be made explicitly as part of an overall strategic plan. Nothing should be left to chance. A fledgling collaborative should try to avoid the landmines of setting unrealistically high expectations or being prodded into action before it is ready. Media attention is alluring, but if the collaborative is unsure of the message it wants to convey, press and television coverage can sometimes backfire.

Milestone: Making a Commitment To Collaborate

"There has to be a willingness to meet each other halfway . . . a flexibility to put egos and protocols aside."

Jeanne Jehl
New Beginnings

Deciding Whether Collaboration Will Work

A major task for the collaborative's partners is to realistically assess their readiness for change. How determined are partners to restructure the current system into a profamily system? If partners are to stay together, they must clearly understand what will be expected of them. Collaboration is much more costly and time consuming than cooperation. In a cooperative arrangement, partners help each other meet their respective goals, but they

Involving Public Officials

The original partners in New Beginnings, the integrated services collaborative in San Diego—the city of San Diego, the county of San Diego, the San Diego City School District, and the San Diego Community College District—all have elected boards. "We made a conscious decision to inform but not directly involve the elected officials," says Jeanne Jehl, administrator on special assignment with the San Diego city schools. "That came about," she adds, "as a result of our concern not to politicize this whole issue."

Staff from the partner agencies keep elected officials apprised of what is happening with the collaborative, even making occasional presentations at public meetings. Elected officials spoke at the opening of the New Beginnings Center for Families and Children in San Diego's Hamilton Elementary School, but ongoing meetings of the collaborative involve only staff from the various agencies. Under California's open meetings law, inviting public officials to the table would mean opening meetings to the press.

The partners were concerned that New Beginnings might become an official's pet project, arousing opposition from rivals and opponents. Politicians only became directly involved when they approved the collaborative's governance agreement and its statement of philosophy. Staying out of the limelight gives the group time to plan and freedom to act. "I think we've had more time to talk about policy issues, to really think through funding issues, and to deal with things only bureaucrats want to understand, like common eligibility," Jehl says. "We have been able to get to the heart of the situation rather than the visible expression of it."

Players at the State Level

Successful collaboratives are rooted in communities and closely connected to the state. Clear communication channels link them to the agencies that administer education and human services, the legislators who make key policy decisions, and the Governor's office. In 15 states, counties play a major role in administering the human services system. In the remaining 35, the states themselves provide services directly through state employees who function at the local level. In both cases, states have a critical role to play in creating a profamily system. States can foster change by:

- **Spreading a Vision of a Profamily System:** States can specify the elements of such a system and champion that vision across the state. The vision should be flexible and adaptable to the special needs and concerns of each local jurisdiction.
- **Coordinating State-Level Policies, Regulations, and Data Collection:** States can create interagency task forces or commissions to coordinate policies and regulations among state-level departments and agencies. Reducing fragmentation at the state level helps to streamline service delivery at the local level. In addition, states can develop compatible data collection systems that make it easier for localities to compile and update interagency profiles of child and family well-being.
- **Streamlining Counterproductive Regulations:** States do not need to wait until localities ask for relief before exercising leadership. They can eliminate or simplify regulations they know are barriers to profamily service delivery. In addition, they also can develop mechanisms for acting quickly on specific local requests for waivers and exceptions to existing policy.
- **Exploring Innovative Financing:** States distribute federal entitlements such as Medicaid and child welfare funds. They need to work with localities to devise financing strategies that will assist local collaboratives to build a profamily system by taking full advantage of these opportunities.
- **Creating Incentives:** States can provide financial incentives such as special planning grants to encourage localities to collaborate. By the same token, providing incentives such as special professional development experience, relief from other duties, and flexible work assignments to state employees will ensure that localities get the help they need.
- **Developing Training and Technical Assistance:** States can support local collaboration by conducting regional training events. They also can develop information clearinghouses on the technical aspects of collaboration and provide assistance to help localities map the flow of state and federal dollars into their communities.
- **Convening and Networking:** States can create opportunities for local collaboratives to learn from each other and build mutual support networks. These forums can provide state policymakers and administrators with feedback on state efforts to support collaboration and identify areas in which state assistance must be changed or developed.
- **Supporting Research and Evaluation:** State dollars and technical expertise are critical in supporting the collection and analysis of local data on the needs of children and families and the effectiveness of new methods of service delivery.

Local collaboratives can encourage state efforts by:

- **Building Coalitions:** States are more likely to respond to a coalition of collaboratives that speaks in a single voice about the needs of children and families than to disparate demands from localities spread across the state. Coalitions can influence state policy and serve as a network through which people can share information and solve common problems.
- **Maintaining Close Contact With Legislators:** Local collaborators need to keep state legislators (as well as their federal counterparts) well informed about the progress of the collaborative.

do so without making any major changes in their basic services, policies, or administrative regulations.[2] In contrast, collaboration requires partners to put aside individual agendas in favor of common goals. They need to share leadership, pool resources, and accept public responsibility for what the collaborative does or does not accomplish. This means putting aside organizational and personal differences and making a long-term commitment.

A group will know it is ready for collaboration when all the partners realize that they have a shared problem that no one can solve alone and when they are ready to look beyond their individual interests to solve it. In some cases, partners may realize that they are not ready for the degree of change that comes with collaboration. They may decide that a cooperative strategy would better meet their interim objectives and help set the stage for future collaborative endeavors. Partners can and should start with the level of commitment with which they are comfortable and work from there.

Will Collaboration Work?

Collaborative organizers must ask themselves some hard questions:

- Will the benefits of collaboration outweigh the costs?
- Is there a history of communication and cooperation and a foundation of trust among the various community groups and organizations the collaborative will involve?
- Is each of the potential partner institutions stable enough to withstand the change that integrating services would introduce?
- Do all of the key players have enough financial and staff leeway to commit some of their resources to collaborative activities, or are they overextended in their day-to-day operations?
- Are partners willing to explore ways for key players such as grassroots organizations operating on shoestring budgets to participate?

Agreeing on a Unifying Theme

Partners who agree to move forward may want to develop a unifying theme—a short phrase or statement that quickly describes the collaborative and its goals. A simple word picture can help build and maintain a sense of unity and purpose, and a unifying theme conveys the group's message to potential partners. Later, partners can use this theme to help them construct a vision statement to serve as the basis for a social marketing campaign or in other forms of publicity.

Some phrases convey images of what the group sees as its broad purpose. The Walbridge Caring Communities in St. Louis, for example, uses an African proverb—"It takes a village to raise a child"—to state its purpose and elicit commitment to its common goals. In Baltimore, the Lafayette Courts Family Development Center's theme, "Services must be comprehensive and focus on the family unit," signals their direction. (See profiles in Part III.)

The best phrases are "homegrown" and convey a message that everyone instinctively understands and agrees with. Sometimes these images emerge spontaneously. One community group developed an informal logo. For them, a circle around a red diagonal line drawn through a hand with a pointing index finger means, "No one is to blame for the problems facing children and families, but we all share part of the responsibility for making things better."

Establishing Shared Leadership

A collaborative is most effective when all partners exercise leadership. Partners need to work collegially instead of dominating those they perceive as less powerful. Partners ideally bring a variety of strengths and potential contributions to the table.

Recognizing each partner's strengths and expertise lays the groundwork for genuinely shared leadership. It also begins to replace top-down, competitive notions of power and control with a new operating principle that sees the whole collaborative as greater than the sum of its parts. Leaders from partner organizations may experience difficulty in sharing power, but collaboratives will fail unless partners willingly cultivate a new style of leadership—partnership among equals.

Setting Ground Rules

Successful collaboration requires that everyone in the group contributes to and develops a stake in the process. Ground rules can ensure that partners use time wisely, share leadership, and head in the same direction. These rules should cover maintaining communication among partners, operating the collaborative on a day-to-day basis, resolving organizational and personal conflict issues, and planning and conducting meetings.

As a group grows larger, it may require ad hoc committees or other semiformal structures to divide tasks efficiently, take advantage of leadership in specific areas, and improve the flow of information. Eventually, partners may develop a permanent governance mechanism to ensure that the collaborative continues to function despite changes in membership or activity. However, partners should avoid premature governance decisions that reduce flexibility and innovation. In the early days, the collaborative should feel free to experiment with various configurations.

Securing Financial Resources for the Collaborative's Planning Efforts

Agreeing in principle to pool resources is different from actually contributing dollars or staff to support the collaborative's planning efforts. Field experience suggests that partners routinely underestimate what their participation will cost, and often they are unprepared for the investments required.[3] Impatient to see some return, they may pressure the other partners to stop planning and to start acting before the group can work as a team. Partners who enter collaboration with few resources may drop out because they feel unable to do their share or because they see few tangible benefits. Collaboratives need to acknowledge these realities and:

Shared Responsibility/ Shared Governance

Because no one agency could solve the complex and interdependent problems of children and families, San Diego's New Beginnings collaborative formed with the understanding that no one agency would be in charge. Every partner would have equal status and responsibility. "From the start, there was an agreement that if it was in fact a shared responsibility then there had to be shared governance," says Richard "Jake" Jacobsen, then director of social services for San Diego County and a founder of the collaborative.

Designating a lead agency would have reinforced the tendency among people to say, "That's their problem, not mine," Jacobsen believes. With the New Beginnings approach, the partners use a shared leadership strategy that acknowledges that each partner has a valuable contribution to make. The San Diego schools serve as fiscal agent, but all decisions are made by consensus. Nobody is giving up authority or responsibility. They are, however, sharing what they have and generating more power than they had individually. "Only by collaborating and pooling talent and resources can you come up with the best ideas and the best mechanism to solve shared problems," says Jacobsen.

Setting Ground Rules

Collaboratives need to decide:

- Where, when, and how often will partners meet?
- How will partners share responsibility for organizing and leading the meetings?
- Who prepares and contributes to the agenda?
- What rules should guide the dialogue?
- Will partners make decisions by majority rule or consensus?
- What can partners do to ensure that decisionmaking occurs inside the group and not behind the scenes?
- What happens if there is a problem or conflict?
- How will partners handle logistical arrangements?
- Under what circumstances should there be a third-party facilitator?

- Establish reasonable budgets;
- Agree on plans to meet operating expenses and share costs;
- Review plans periodically; and
- Develop ways to ensure the continued equal participation of partners with few resources.

One group may decide to handle expenses as they arise, with each partner contributing resources when it can. Another may decide to measure expenses over a period of time and then levy an operating fee on all members, prorated by each partner's prior contributions and ability to contribute. The collaborative also may want to explore the possibility of external funding to help plan strategy, provide technical assistance, or ensure sufficient staff support to coordinate activities.

Short-term grants to provide direct services should be viewed with caution. Although it will stimulate interest and participation, new money for service delivery, even in sizable amounts, is often just enough to fight over. Partners may think they agree on what needs to be done, but in the collaborative's early stages, that often is not the case. These collaboratives easily can become pro forma efforts to fulfill funders' requirements unless partners are willing to

Securing Financial Resources for the Collaborative's Planning Efforts

In Fort Worth, Texas, key institutions in the city agreed to share the cost of taking part in the Collaborative Leadership Development Program. Thomas Beech, executive vice president of the Fort Worth-based Burnett-Tandy Foundation, convened a meeting of representatives from key institutions. Representatives from the city, Tarrant County, the Fort Worth School District, the county hospital district, three local chambers of commerce, and the local United Way agreed to work together as part of the program. These institutions each agreed to donate $10,000 to $12,000 to hire facilitators and develop an operating budget. The Burnett-Tandy Foundation provided $25,000 as startup money. NationsBank in Fort Worth provided a furnished office suite and office equipment. The United Way became the designated fiscal agent and provided accounting services. All in all, the group came up with enough money and support to run the initiative for 18 months. Funding never became an issue. "Sharing it this way meant that the burden was not too big for anyone," recalls Beech.

make individual investments well beyond the life of the grant.

Milestone: Reflecting and Celebrating

Through Stage One, partners should reflect on their work and celebrate their achievements. **Reflection**—a process in which partners look back on what they have done—is a tool to help them learn from their collective experience. To the extent that partners take the time to learn the lessons of their experience together, they will have greater strength to pursue future challenges. They also will become a "community of learners," gaining and sharing knowledge about how to create a profamily system of services. Here and at the end of each subsequent stage, the guide poses a series of suggested reflection questions. Collaboratives are encouraged to ask questions that make sense for them.

- What factors motivated people to participate in the collaborative?
- Who chose not to participate? How can the collaborative engage them in the future, and what does their absence mean?
- Did the collaborative create a model of shared leadership? What factors helped create this model, and what barriers are still keeping the group from achieving such an approach?
- What communication mechanisms work best? What needs to change?
- What did partners learn about collaboration from their efforts to secure staff and other resources for the collaborative's planning?
- What were the tough spots in this early stage, and what do they tell partners to expect in the future?

Celebrations recognize the achievements of the collaborative and give partners renewed energy and enthusiasm. Some celebrations will be small and include only key partners; others will warrant involving the entire collaborative or the community. At the end of Stage One, partners have much to celebrate—the emergence of a group of diverse and committed people who have the clout to begin the process of change in education and human services for children and families.

Landmines To Avoid

- Waiting to convene a group until everyone is at the table. The enthusiasm of a wisely selected and enthusiastic core group can cool while others are being brought in. Do not waste time!
- Not taking the time to involve key players who could easily block what the collaborative hopes to do. Whenever possible, try to make allies out of adversaries.
- Allowing one partner to assume control of the group instead of establishing the expectation of shared leadership. Collaborative power grows when equals share authority and responsibility.
- Allowing the media or political pressure to direct the collaborative's agenda.
- Neglecting to reflect periodically on milestones and landmines.
- Failing to establish clear ground rules.

Stage Two
Building Trust and Ownership

"It is imperative that partners develop trust—the kind of trust that enables them to present a united front against inevitable obstacles. The camel's back must be strong enough to withstand even the last straw."

Richard "Jake" Jacobsen
New Beginnings

Major Milestones

Partners **DEVELOP A BASE OF COMMON KNOWLEDGE** by learning as much as possible about each other's beliefs, goals, objectives, cultures, and working constraints.

The collaborative **CONDUCTS A COMMUNITY ASSESSMENT** to gather information on child and family well-being in the community, barriers to using the current service delivery system, gaps in existing community services, and other related reform efforts.

Partners **DEFINE A SHARED VISION AND GOALS.**

The collaborative **DEVELOPS A MISSION STATEMENT AND BEGINS TO ESTABLISH ITS PLACE IN THE COMMUNITY.**

Partners **REFLECT** on their work and **CELEBRATE** their accomplishments.

Milestone: Developing a Base of Common Knowledge

"The hardest part of collaboration is having people from diverse backgrounds learn to trust each other."

Cynthia Marshall
Cities in Schools

In the most effective collaboratives, partners take time to understand each other's systems and explore their differences. Partners with limited knowledge of each other's organizations often rely on stereotypes and misconceptions to fill in the blanks. To avoid misunderstanding, partners must develop a base of common knowledge. This requires learning about each other's services and resources, goals, objectives, organizational cultures, and working constraints. Developing common knowledge also means understanding personal differences and working together to achieve small victories.

Learning About Each Other

If partners are to work together effectively, they must know what services and resources they bring to the table. Partners must understand the policies and regulations that constrain each organization and the language each uses to discuss its work. Partners need to share information that will help others understand:

- Their organization's mission;
- The policies, rules, and procedures they must follow to deliver services;
- Where their money comes from and how they can use it;
- How they measure and define success;
- The terms, phrases, and acronyms they use routinely;
- How their organizations are staffed and the extent of each partner's authority, including formal and informal decisionmaking power and ability;
- Internal communication patterns (who communicates with whom and how);
- Their allies, supporters, and competitors;
- Previous experience with collaboratives and their feeling about them;
- What they have to offer a collaborative; and
- How collaboration might affect them, positively or negatively.

Talking candidly about these issues builds trust and allows partners to plan realistically. As the collaborative moves through the five-stage process, knowledge-building should continue at all levels of each partner organization. The opposite box contains some suggestions on

How To Learn About Each Other

- Hold meetings at each other's organizations to give people a sense of the scope of the collaborative.
- Plan visits to programs operated by partners. Make sure the visits are more than just quick walk-throughs. Take time to talk about what you learned; seek out differing observations and questions.
- Ask partners to discuss their perceptions of each other's organizations. Then have partners describe their own. Begin to separate fact from stereotype.
- Have everyone draw a simple picture of how they see their organization's position in relation to the community, families, and other partners. Discuss the variations and their implications.
- Describe how children and families receive services in each organization.
- Make an "alphabet soup." Have partners list acronyms and key phrases they use daily and define them.
- Set a "no-numbers/no-letters" rule to encourage the use of words instead of shorthand terms that few people understand.
- Arrange for day visits between organizations to create knowledge, trust, and commitment among line staff.
- Use qualified trainers to run workshops on team dynamics, prejudice reduction, and conflict management.
- Use social activities to promote different kinds of conversations and alliances.

Developing Common Knowledge

In Fort Worth, Texas, partners in the Collaborative Leadership Development Program came to a common understanding of the issues they were tackling as they built working relationships with each other. The collaborative includes about 20 leaders from the city, county, school system, hospital district, United Way, and local chambers of commerce. They selected children's health as an initial issue around which to explore possible collaboration. To allow partners to explore the issue, the collaborative's cofacilitators organized several panel discussions and a series of site visits over 6 months. For the field experience, partners divided into teams of three, each visiting one or two sites. They visited a local public high school for pregnant teenagers, a community center, a community partnership health clinic, a public health clinic, a Planned Parenthood office, and two hospitals. They talked with clients, managers, and workers at each site. By the end of the process, the partners had built a base of common knowledge that they used to develop a framework for children's health and proposals for pilot projects.

According to cofacilitator Mya Coursey, "By the time they got around the table to decide what needed to be done, it was sort of anticlimactic. There was so much commonality of understanding. . . . It was a lot smoother than it would have been if we had just sat down and tried to do it at the beginning." Along the way, the group also developed new bonds. "As they learned together and talked about things where they were not confronting one another on some decision, I think they learned to trust each other more," says Coursey.

how administrators, teachers, community activists, business leaders, parents, and other partners can learn about each other.

Managing Personal Differences and Resolving Conflicts

> *"If two people respect one another, they can make things work. That's why agencies interested in doing collaboration need to do some heavy-duty work on interpersonal relations and conflict resolution."*
>
> Linda Kunesh
> North Central Regional Educational Laboratory

In addition to understanding differences in organizational assumptions and principles, partners also need to understand how individual personalities, beliefs, and behavior will affect the collaborative. Personal attitudes and social philosophies vary widely from person to person. These differences can be divisive, especially when they involve race, ethnicity, and poverty. Partners should not avoid conflict or paper over disagreements that result from these differences in an effort to reach a quick consensus. Instead, they need to understand—and respect—each other's perspective. They need to find ways to work through disagreements in positive ways and to be unconditionally constructive. Doing so is essential if the collaborative is to make difficult decisions about how to use limited resources and how partners must change to improve services for children and families. The struggle to resolve conflict constructively builds strength and credibility and contributes to a critical sense of ownership and common purpose.

Workshops on reducing prejudice and managing conflict can create a safe environment for discussion, help partners understand their differences, and build trust. These payoffs do not come without some risk. Because individual feelings and the collaborative's success are at stake, partners should plan such activities carefully.

A strong, highly experienced facilitator is important. Whether the facilitator is a member of the collaborative or is an outsider, the choice should be acceptable to everyone. When selecting a facilitator, partners should look for:

- A reputation for impartiality;
- Strong knowledge of group process;
- Meeting management skills;
- Knowledge of and experience in education, human services, and related community activities; and
- Flexibility to adapt activities to changing needs and requirements of the collaborative.

Achieving "Small Victories"

Throughout Stage Two, achieving "small victories"—accomplishments that demonstrate the potential power of the collaborative and its ability to act—can keep enthusiasm and a sense of progress high while the group plans its strategy to meet long-term goals. By working to create interagency resource directories, glossaries, and training, partners can add to each other's common knowledge. For example, staff members of partner agencies can work together to develop a ***community resource directory*** that lists available community services and eligibility requirements. This useful tool for frontline staff increases activity across agencies and serves as evidence that collaboration can work. Developing a directory that describes services other than those offered by existing partners and distributing it widely throughout the community can help interest other organizations in the collaborative. As noted in Stage One, it is important to cast the widest net possible so every segment of the community is involved.

An *education and human services glossary* that defines key terms used in various categories of service offers another opportunity for tangible success. Once again, making copies of the glossary available within the collaborative and the community contributes to the visibility of the collaborative and its perception as a "can-do" entity.

Interagency training—in which workers from different agencies attend inservice training events in each other's organizations or attend jointly designed training—is another area in which partners and their staff can both reap and build the benefits of collaboration. Establishing a shared training agenda improves frontline service delivery by building a network of workers who know each other and how to take advantage of each other's services and resources. These efforts set the stage for more extensive efforts to design interdisciplinary undergraduate education and preservice professional development.

While developing a community resource directory and glossary or engaging in interagency training can help partners gain trust in working with one another and provide valuable information, such activities

Learning To Be Unconditionally Constructive

Being unconditionally constructive encourages the other side to act constructively in return. Here are some key points for partners to remember:

- Think about responses and actions rather than reacting to emotions.
- Try to understand the situation from the other person's perspective.
- Communicate clearly and briefly. Do not monopolize center stage.
- Listen carefully and ask questions to clarify (not to attack) the other person's position.
- Keep an open mind and look for potential points of agreement.
- Do not ignore hostile actions, but consider how to use the conflict constructively.

represent relatively small victories. A collaborative must be careful not to become so involved in these efforts that progress is delayed on more difficult, and perhaps more controversial, goals.

Milestone: Conducting a Comprehensive Community Assessment

In addition to learning about each other, partners constructing a profamily system of integrated services need to know how families fare under the current system and how effectively community services meet their needs. A comprehensive community assessment provides this information.

Because of the costs involved in designing, administering, and analyzing assessment protocols, the extent and technical sophistication of community assessment strategies vary widely. All assessments, however, should answer five questions:

- What are the needs of children and families, and how well are local agencies meeting those needs?
- How well are children and families doing in our community?
- How do consumers and providers view the system?
- What services exist, and what gaps and overlaps make it difficult for children and families to get needed help?
- Are other reform initiatives that focus on child and family issues underway, and how can their efforts be linked?

Indicators of How Children and Families Are Doing

The following indicators are some of the ways to measure the status of children and families. Whenever possible, these indicators should be broken down to show differences according to age, sex, household composition, income, and ethnic and minority group membership.

- Poverty rate;
- Literacy or basic skills level;
- Primary grade retention rates;
- Student mobility rates;
- Chronic absenteeism rates;
- Percentage of 9th-grade students who finish the 12th grade on time;
- Percentage of college-bound high school graduates;
- Immunization rates for young children;
- Percentage of babies with a low birth weight;
- Reported and substantiated cases of abuse and neglect;
- Number of foster care placements;
- Number of people on day care waiting lists;
- Number of new and reopened Aid to Families With Dependent Children (AFDC) cases;
- Youth unemployment figures;
- Juvenile incarceration rates;
- Voter participation rates;
- Housing mobility rates; and
- Percentage of substandard housing.

Identifying Indicators of Child and Family Needs

A growing number of locations are developing community audits and profiles of child well-being to help answer these questions. Seventeen states plan to complete state and local analyses of child well-being by the end of 1993 as part of the Annie E. Casey Foundation's KIDS COUNT initiative.

In most communities, census reports, school and agency records, vital health statistics, and studies and surveys conducted by civic and educational organizations, newspapers, and state and local planning agencies can provide abundant data on the status of children and families and the effectiveness of current service delivery efforts. A committee of the collaborative, working with staff support and technical assistance from a local university or local research organization, can use these data sets to establish multidimensional city-, county-, region-, or state-wide profiles of children and families. Ideally, these profiles should show variation by age, sex, and ethnicity. They also should provide enough information to show trends over time in each community's racial, cultural, and language diversity; mobility; and other factors that will affect interagency planning.

The most comprehensive profile will use multidisciplinary and intergenerational indicators to convey the status of children at key transition points from birth to adulthood. The profile should provide information on health, education, family sufficiency, child care, employment, mental health, and other areas. Because this information will eventually be used to help the collaborative set goals for improving systemwide service delivery, the indicators should reflect the focus of all partner agencies, not just some of them.

One collaborative designed its assessment strategy by reviewing a specific child's experience with school failure, sexual abuse, premature pregnancy, homelessness, and other problems. They then asked, "How many other children like her are there in our community?" The collaborative compiled local information on 12 indicators to answer the question and measure the scale of problems facing the community. The individual child's experience put a human face on the statistics and helped the collaborative understand the connections among the problems children and families have to confront.

Drawing up a chart to show how the community is doing on selected indicators (with blanks left to indicate information that is not being collected but should be) has several uses. First, it powerfully depicts the extent to which children are at risk. Second, it demonstrates that a wide variety of organizations and agencies share

Using a Community Profile

In developing its "second phase" plan to chart a new direction, the Youth Futures Authority (YFA) in Savannah-Chatham County, Georgia, relied heavily on a comprehensive citywide study that analyzed 12 neighborhood service areas. The study used 39 indicators ranging from teen pregnancy to homicides to substandard housing. Plotting occurrences of each indicator on service area maps showed that Service Area C in the central city led in all but three indicators. In planning its services for the fifth year of an Annie E. Casey Foundation New Futures grant, YFA decided to focus on services in Service Area C neighborhoods.

At the request of the YFA, the city also plotted the homes of those students currently served in New Futures schools on the service area maps. This presented convincing data for targeting Service Area C. "Now we don't have to waste time taking a shotgun approach," says Otis S. Johnson, executive director of the YFA. "We have a better understanding of where the problems are."

responsibility for child and family well-being. Third, it provides baseline information against which future progress can be measured. A community profile can serve as:

- An internal planning document to help the collaborative partners set priorities and establish accountability for improving selected outcomes;
- The basis to publish an annual report calling attention to child and family issues in the community and holding members publicly accountable for their actions; and
- Documentation to use in funding proposals.

Unfortunately, the current system of services is not designed to collect information on child and family well-being. Profiles often list only the problems facing young people rather than generating a complete picture of what children and families need to succeed.[1] It is this later picture that must be developed if a widespread vision of a profamily system is to take root. Considerable research is being conducted to develop the technical capacity necessary to identify and measure this multidimensional concept and to help communities select and combine the most appropriate measures.[2] Despite the limitations in currently available data, however, child and family profiles remain an important way to help collaboratives focus their efforts and build a sense of public accountability for what happens to children.

Conducting Focus Groups, Surveys, and Site Visits

Families receiving or needing services, frontline human service workers and educators, and supervisors in service provider agencies can speak from first-hand experience about the effectiveness of the current service delivery system. Partner organizations can tap these sources of information through community meetings, focus groups, surveys, and site visits in the community. Together, the feedback will create a comprehensive picture of the quality of service delivery.

Discussion Questions for a Service Provider Focus Group[3]

Purpose: To discuss child and family needs and the barriers within agencies that make it difficult to meet those needs.

- Why do families need the service your agency provides?
- Describe the barriers that families may encounter when they attempt to obtain services from your agency. For example, language difficulties may prevent clients from communicating their needs.
- What barriers does your agency experience that keep it from effectively providing services to these families? For example, some agencies might have strict rules on the documentation required before providing services.
- What has been your experience in working with other agencies to provide services to these families? Have you experienced any barriers to working collaboratively? Please be as specific as possible in identifying bureaucratic problems.
- If you could change one specific policy or procedure in your agency to improve services for these families, what would it be?
- What activities, policies, and procedures are working well at your agency?

Discussion Questions for a Consumer Focus Group

Purpose: To discuss the needs of children and families and the problems they experience in getting help they need.

- What services do you and your children need most?
- What problems or barriers do you experience when you attempt to obtain services?
- Describe your most positive encounter with a service delivery agency.
- Describe your most negative encounter.
- If you could change one aspect of the present service delivery system, what would it be?

The results of this data collection effort will depend not only on the quality of the design, but also on the willingness of the respondents to speak candidly. Partners should assure employees and consumers that their comments will be kept confidential or used without attribution. Above all, respondents must know that expressing negative views will not affect their jobs or the continuation of services. Encouraging community residents to participate may require special outreach to all members of the community. Collaboratives may do this by offering child care, providing transportation, or selecting a neighborhood meeting location that helps them feel more comfortable.

Mapping Community Services

A comprehensive community assessment also must ask what services exist and where there are gaps and overlaps in what families need. Partners can use a grid to summarize the services that partners and other agencies, churches, civic groups, and businesses provide to children and families throughout the community. Grouping the information into categories (for example, prenatal health care, youth development, or employment and training) can show the areas of need in which organizations provide similar services. A grid should chart available services, but it also should show gaps in services by identifying prevention, support, and specialized services that should exist but do not. In its final form, a grid illustrates the range of services in the community and highlights areas needing additional resources.

Correlating Services and Needs

A grid developed by the Community Planning Project (CPP) in Pima County, Arizona, for the Tucson Community Foundation charted the services of 84 agencies that provide prevention services in school, parent, and preschool programs; recreational, interpersonal, and educational activities; and substance abuse programs. The CPP also developed a methodology to determine the extent to which agencies provided services to children and families in high-risk neighborhoods. The project asked agencies to provide data on the people they served by geographic area. By cross-referencing this information with at-risk characteristics of families in the same area, the project determined that "children in two of the highest risk factor areas . . . are receiving substantially fewer programs than children living in other parts of the county . . . and fewer parents of at-risk children are able to be reached by limited programs aimed at developing parenting skills and enhancing nurturing abilities."[4]

Identifying Other Community Reform Efforts

Finally, a comprehensive community assessment should identify other significant public or private reform efforts focusing on child and family issues. Each reform effort has an agenda for the community that the collaborative should take into account as it develops its own plan of action. In many cases, potential connections already exist; for example, collaborative members may sit on the boards of other reform efforts. Collaboratives need to realize the important liaison function these partners can play and use these connections to foster joint planning and action. Collaboratives operating in isolation from related reform efforts lose out on the political and financial connections the latter may have to offer. Even worse, not working together fragments the current service system even further. As the number of collaborative ventures grows in a community, it is essential that partners do not allow turf issues and categorical boundaries to divide reform efforts.

Milestone: Defining a Shared Vision and Goals

> *"A vision is a clear picture of what you hope to create."*[5]
>
> Judith Chynoweth and Barbara Dyer
> Governors' Policy Advisors

By this point, the collaborative should have considerable data to show how well the current system of education and human services works for children and families. Even so, each partner is likely to have a different idea about what is wrong, what factors cause the problem, and what needs to be done. Clearly, this is a critical juncture.

An important milestone in building ownership is reached when partners define a shared vision of what a better system would look like and craft a statement of goals that incorporates the most important concerns and problems of all the players. Partners will need to ask hard questions to define their vision. The collaborative may wish to engage a third-party facilitator in this process.

Learning From Others' Experiences

Although the collaborative needs to develop its own vision, partners should learn from others' experiences in designing effective services and service delivery systems. Expert advice and research knowledge is often an invaluable aid as partners prepare to design their own blueprint for family success. Formal help from consultants can help partners think beyond the borders of their own experience and avoid mistakes others have already made.

Reading about, visiting, and talking with people collaborating in other communities about their successes and failures are also cost-effective ways to keep enthusiasm high and to put the difficulties of collaboration in perspective. Various clearinghouses and resource centers on collaboration exist, and they can help partners contact groups in other communities involved in similar efforts. (See Appendix B, the Directory of Key Contacts and Organizational Resources, for a list of specific resources.)

Asking Hard Questions

> *"To build a clear vision we must be willing to ask the hard questions about what children and families want and need."*
>
> Margaret Beyer
> Psychologist

The actual process of defining a shared vision begins by asking partners with a wide range of organizational perspectives, ethnic and racial backgrounds, and political and philosophical orientations to envision a different future for youth. In contrast to superficial agreement that children must be more successful, partners must come to a working agreement on what is wrong with the current system and what an improved system would look like. Questions such as these below are too rarely asked in a service delivery system driven by a categorical program, rather than by family needs.

- What economic, social, political, and personal factors help children and families succeed?
- What barriers put children at risk?
- Whose responsibility is it to ensure that children succeed in school and in the job market?
- What populations have been excluded from participation in services? Why?
- What barriers have made it difficult for some populations to participate?
- Is it possible to design a more responsive service delivery system to overcome the barriers to success? What should it look like?

Drawing on their organizational and personal viewpoints and community assessment data, partners should fully discuss these questions and the issues they raise. The discussion should continue over time in the full collaborative and in small groups or committees developed to address specific topics. In the course of the dialogue, partners need to remember the rules for resolving conflict constructively and take care to clearly state assumptions and define terms. General terms such as "early prevention" and "family support," for example, can mean different things to different people. Clear language at this stage prevents confusion and conflict in later design and implementation stages.

Forging a Shared Vision

Based on their dialogue, the partners now can write a **vision statement.** The vision should build on the unifying theme developed in Stage One and define the essence of the collaborative. It should knit together the personal and organizational visions of individual partners to create a larger shared vision. Building a shared vision has been described in this way:

> "Visions that are truly shared take time to emerge. They grow as a by-product of interactions of individual visions. Experience suggests that visions that are genuinely shared require ongoing conversation where individuals not only feel free to express their dreams, but learn how to listen to others' dreams. Out of this listening, new insights into what is possible emerge."[6]

A shared vision to which partners are truly committed is the key to the collaborative process. It provides a reason and rationale for joint action to parents, neighborhood leaders, elected officials, and other key actors in the community. A vision statement is the collaborative's view of what child and family outcomes should be. For example, the vision statement of the Youth Futures Authority in Savannah-Chatham County, Georgia, declares: "Every child will grow up healthy, be secure, and become literate and economically productive."[7]

Milestone: Developing a Mission Statement and a Community Presence

> *"We continue to work to gain and sustain community acceptance of our mission."*
>
> Otis S. Johnson
> Youth Futures Authority

With vision statement in hand, the group is ready to define its mission and its relation to other decisionmaking entities in the community. A **mission statement** specifies a collaborative's role in realizing its vision. A carefully crafted mission statement includes the collaborative's goals and its responsibility for planning and setting priorities, allocating resources, and maintaining accountability for outcomes. New Beginnings in San Diego, for example, describes its mission in this manner: "To bring about change in the policies, procedures, and funding streams of community institutions needed to enable the youth of our community to become productive, competent, and self-fulfilling adults."[8] A mission statement also should suggest how partners plan to engage and complement the efforts of existing community institutions and reform efforts.

Partners now can begin to act on their vision and mission in the community. If the collaborative includes the right partners—those who have a stake in improving outcomes and those who control needed resources—and if they have kept their own organizations informed and involved, then it should enjoy communitywide support. However, requesting and obtaining a formal endorsement of the collaborative's vision and mission statement by the governing board of each organization can greatly strengthen the commitment of these organizations and enhance visibility in the community.

Landmines To Avoid

- **Acting before partners establish a sense of trust and ownership in a shared vision.**
- **Losing momentum by not knowing when it is time to move on. Building a base of common knowledge, for example, can continue as the process moves forward.**
- **Failing to celebrate the trust, ownership, and shared vision that have been built.**
- **Avoiding conflict and papering over disagreements in an effort to reach a quick consensus. A critical sense of ownership and common purpose grows out of the struggle to use conflict and differences of opinion constructively.**
- **Not seeking input from consumers when conducting community assessments.**
- **Compiling indicators that do not reflect the performance of all the partner institutions.**
- **Achieving only compliance with the vision, rather than commitment to the realization of a shared vision.**

Milestone: Reflecting and Celebrating

At this point, partners need to pause and take stock by reflecting on what they have learned in Stage Two.

- What broader lessons can be drawn from building a base of common knowledge? What are the implications of these lessons for building a profamily system?
- What did the collaborative learn from the process of building a shared vision? What was hard? What was easy? How can partners apply that knowledge within their own organizations?
- Does an environment for truly open and honest dialogue exist? What additional steps can the collaborative take to ensure such an environment?
- What do partners know about engaging elected officials in the work of the collaborative? What additional steps might the collaborative take to secure their support?
- How can partners use the data that has been collected about children, families, and the system that serves them to pursue the goals of the collaborative in the larger community?

Celebrate the shared vision.

Stage Three

Developing a Strategic Plan

> *"People should expect to spend 6 to 18 months planning services integration strategies."*
>
> William Morrill
> National Center for Services Integration

Major Milestones

Partners decide to **FOCUS ON A NEIGHBORHOOD.**

The collaborative **CONDUCTS A NEIGHBORHOOD ANALYSIS** for an indepth picture of its leadership, assets, needs, and existing service delivery resources.

The group **DEFINES TARGET OUTCOMES** that will drive its service delivery design.

The collaborative **DESIGNS AN INTERAGENCY SERVICE DELIVERY PROTOTYPE** by using a carefully formulated set of criteria intended to cause change at both the service delivery and systems levels.

Partners **DEVELOP THE TECHNICAL TOOLS OF COLLABORATION.** These tools include case management systems, intake and assessment systems, and management information systems. Partners also develop techniques for capturing data from these tools.

The collaborative **FORMALIZES INTERAGENCY RELATIONSHIPS.**

Partners **REFLECT** on their work and **CELEBRATE** their accomplishments.

Milestone: Focusing on a Neighborhood

> *"It takes a village to raise a child."*
>
> African Proverb

The current service delivery system is large and complex. To improve how it works, partners must understand how each part of the system affects every other part, where problems occur, and where changes need to be made. This is most easily done when the collaborative focuses its work at the neighborhood level—where the system comes into direct contact with children and families. By examining the entire system as it affects a targeted neighborhood and by creating a prototype of improved service delivery in that single area, a collaborative can learn the lessons necessary to achieve large-scale system change. By directing a cross-section of existing services into a neighborhood with concentrated risk factors affecting a large segment of the population, a collaborative can cause changes that are "modest in scale without being trivial."[1] This will work as long as partners understand that a service delivery prototype is essentially only a template for improved service delivery. For systemwide change to occur, it must be continually modified, refined, and adapted to new situations.

A service delivery prototype can foster change in several ways. First, it can help the collaborative assess and document the needs of families and the barriers they experience in obtaining services. Second, a prototype provides an opportunity for partners to experiment with policy changes and interagency agreements to make it easier for children and families to receive services. Third, a prototype enables partners to test the fit between their vision of a profamily system and the realities of implementation. Learning from experience, partners then can adapt the prototype's most successful elements to other locations.

Setting up a service delivery prototype to integrate services in a specific neighborhood also can contribute directly to a renewed sense of community among neighborhood residents. Especially in areas that have been weakened by poverty and its consequences, a collaborative can provide a forum for residents to raise and act on critical issues that go well beyond service delivery—jobs, housing, violence, and public safety.

The neighborhood selected for a service delivery prototype should include a wide range of risk factors. High rates of student dropout, teenage pregnancy, unemployment, and welfare or food stamp participation should be widespread. It also helps if partner organizations are already working in the neighborhood. A joint initiative is more likely to succeed when partners build on existing resources. Finally, the size of the targeted area will depend on geography, housing patterns, transportation, and other factors. Overall, however, the area should roughly coincide with the neighborhood boundaries that residents define for themselves.

The neighborhood or area served by a school is often a particularly good choice on several counts:

- School enrollment helps to identify and provide access to the majority of children and families whose needs cross many categorical service boundaries.
- The school provides a central location where some services may (but need not be) provided.
- School linkage may increase the chance that efforts to integrate services will affect educational restructuring as well as service delivery.
- Most families with children are already familiar with the elementary or secondary schools and know other families through those school connections.

Milestone: Conducting a Neighborhood Analysis

> ***". . . in neighborhoods where there are effective community development efforts, there is also a map of the community's assets, capacities, and abilities. For it is clear that even the poorest city neighborhood is a place where individuals and organizations represent resources upon which to rebuild. The key to neighborhood regeneration is not only to build upon those resources which the community already controls, but to harness those that are not yet available for local development purposes."*** [2]
>
> John McKnight
> Northwestern University

An Example of Neighborhood Analysis

In San Diego, California, a New Beginnings study team composed of staff from each partner agency conducted a multifaceted needs assessment in the Hamilton School area. The process helped the partners design an effective model and build strong relationships within the team. With substantial in-kind contributions from partners and some funding from the Stuart Foundations, the New Beginnings assessment included:

- **An action research project** that focused on how effectively partner agencies met family needs and that provided information on ways partners could improve service delivery. This was accomplished by a Department of Social Services social worker who provided case management services over a 3-month period to 20 families identified by school staff.
- **In-home interviews** of 30 additional families by public health nurses helped New Beginnings partners learn more about how consumers perceived service agencies.
- **A data match** process determined the current level of services provided to Hamilton families by three agencies and the extent of multiple use.
- **Focus groups of agency line workers and supervisors** used questions designed to capture their attitudes about the existing system and their suggestions for fixing it.
- **A migration study** looked at family movement from one neighborhood and school attendance area to another, since all agencies agreed that high mobility diminished their effectiveness.[3]

Once partners select a geographic area, it pays to find out as much as possible about its needs and assets. The data collected in Stage Two provided a valuable picture of the broad community landscape. When partners gather information at the neighborhood level, a much sharper image of how well local services meet the needs of children and families will emerge. Partners should collect and analyze the data before designing a specific service delivery intervention. This will ensure that new services correspond as closely as possible to needs and make the best use of existing resources.

A neighborhood analysis should profile the history, racial and ethnic composition, cultural and language diversity, and primary risk factors of its children and families. The analysis also should catalog the assets of the neighborhood such as private and nonprofit organizations (higher education institutions, hospitals, and human service agencies), public institutions and services (schools, police, libraries, fire department, and parks), and physical resources (vacant land, commercial and industrial structures, and housing). Also important are the locations of pediatricians' offices and clinics that can provide regular checkups, supermarkets, public swimming pools, and banks that cash employment or welfare checks without fees. Such mapping can reveal the absence of services within certain neighborhoods that residents in other neighborhoods simply take for granted.

A neighborhood analysis also should identify key community leaders and those who have the potential to become articulate advocates of community needs. Their active participation will determine whether the collaborative moves beyond education and human service issues to a broader community development agenda. The story in this section called "Parental Involvement in Planning and Implementation" illustrates the profound changes in service delivery

Parental Involvement in Planning and Implementation

The goal of the Healthy Learners Program in Miami Beach is a common one: improving learning and attendance among children in a pilot elementary school. Unlike many similar efforts, however, Healthy Learners works through families, not around them. Since it began in Miami Beach's Fienberg-Fisher Elementary School in May 1991, parents have become the most vibrant part of the effort. Healthy Learners began with a family advocate who trained parents at the Fienberg-Fisher Elementary School to help themselves and each other. Now, some 40 parents train each other, conduct outreach, link fellow parents to services, and have their say at monthly meetings with the heads of education and human service agencies in their neighborhoods.

Parents have worked with Florida International University (FIU) to develop a client bill of rights and a mission statement for agencies serving Miami Beach. The two documents, which emphasize mutual respect, are used in FIU training sessions for service providers. "The philosophy is that in order for kids to be successful in schools, it's important that consumers, the parents, run the program," says Jacqui Colyer, project coordinator for the school-based integrated services initiative at FIU. Katharine Hooper Briar, FIU social work professor, says parents are making all the difference. "They really are cultural brokers and family brokers between institutions and those they serve."

Family advocate Tania Alameda recruited nine parents for her first class and held meetings with small groups of parents to ask them what services they needed. What emerged, in a majority Hispanic and heavily immigrant community, was a need for information. With the help of parents, Alameda established the Referral and Information Network—RAIN. Parents staff a RAIN room at Fienberg-Fisher and are called RAIN Makers. They receive a weekly $50 stipend through the grant, but several are volunteers.

Alameda prepared them with a detailed 40-hour course consisting of equal parts class time and community outreach. Parents learned about interviewing techniques, resources available in the community, eligibility requirements, and outreach strategies. Alameda trained 40 parents in all, with the last group of parents trained by veteran RAIN Makers.

Alameda also put together a consortium of service providers in the Miami Beach area, starting with representatives from the Healthy Learners partners—FIU, Dade County Public Schools, and the state Department of Health and Rehabilitative Services (HRS). RAIN Makers attended the monthly consortium meetings. "I'll tell you, it wasn't until the RAIN Makers started coming in there and expressing their needs that it started getting interesting," Alameda recalls.

At one such meeting, RAIN Maker Teresa Martiato found herself face to face with the director of the local community health clinic. She did not hesitate to pour out her complaints: the center workers were rude, disrespectful, and inconsiderate. She recently had waited all day at the center with a sick toddler, only to be told she had lost her turn after going to put money in her parking meter. In contrast, health clinic workers saw themselves as overworked and overtired.

The health clinic has responded by requiring workers to wear name badges. In addition, RAIN Makers do not hesitate to take a problem to the director. "Before the project started working, we had a lot of misunderstanding in the agencies, HRS, and the public clinic," Martiato says. "Now everybody realizes maybe if I am rough with the clients, I lose my job because someone else is watching me."

In response to parents' requests or complaints, consortium members have also made other moves: providing funding to pay teachers who work with parent volunteers in the Homework Club, providing snacks for Homework Club children, and placing two Head Start trailers serving 60 children at the school.

Parental Involvement in Planning and Implementation (Continued)

"The most important part of this consortium is having parents there," says Alameda, who often translates for parents who are not fluent in English. "Sometimes when you meet these directors they know their agencies, but sometimes they've lost touch with the people."

The RAIN Makers also address the needs they see in their community: staffing the Homework Club, regularly visiting the homes of children who are chronically absent, staffing the RAIN room each day, providing information to parents, linking parents to services, and taking problems to the consortium. RAIN Makers are compiling a resource directory of services in Miami Beach. They visit landlords in the neighborhood, collecting information on the availability of rental units. This information is a key resource in a community rapidly undergoing gentrification.

Since the project began, Martiato has witnessed growth both in children and in their parents. She herself feels more powerful. "It's amazing," she says. "If it goes on like it's working now, we have some more mothers, and we can give more to the community what the community needs. It's going to be wonderful." It has now expanded to six additional sites.

that can result when a collaborative actively involves consumers.

Many of the community analysis techniques used in Stage Two are useful here as well. Focus groups, surveys, and site visits are effective ways to learn from the personal experiences and perceptions of the people most affected by service delivery changes. Again, partners should assure participants that their comments will be confidential or used without attribution.

Milestone: Defining Target Outcomes

> *"If families were better off, how would we know? What would they be achieving? What would indicate that this is or is not happening? The answers to these questions become the outcomes to monitor and the measures to use."*[4]
>
> Judith Chynoweth and Barbara Dyer
> Governors' Policy Advisors

A profamily system should do more than simply deliver a specified number of various kinds of services. Instead, it must improve the lives of children and families in clear and measurable ways and change the behavior of people working in the agencies and institutions that comprise the system. If a collaborative is to be a genuine force for change, it must focus on outcomes. A collaborative needs a clear idea of the specific outcomes it intends to produce and a method for holding itself accountable for achieving them.

In Stage Two, partners summarized a wide range of child and family indicators as the basis of an ongoing community profile. At the beginning of Stage Three, well before planning for the prototype has begun, partners need to revisit those indicators and choose the ones they intend to address in their service delivery design. At this point, a collaborative need not state the exact amount of change it intends to achieve in each indicator. Target outcomes need only to be clear enough to focus decisions about service delivery design. Targeted outcomes from two collaboratives are listed on the next page.

Partners also should identify the desired behavioral outcomes of the people, agencies, and organizations within the system. Indicators of such change might include personal behavior and organizational policies that result in respect for families, service delivery built on family strengths, flexibility and responsiveness to a range of family situations, and efficient interaction with other agency personnel on behalf of consumers.

To achieve these outcomes, partners will need to carefully evaluate their policies and practices and give serious consideration to:

- Redefining job descriptions;
- Designing alternative staff hiring and supervision strategies;
- Conducting interagency training; and
- Developing a range of tools for collaboration, including common intake, assessment, eligibility mechanisms, confidentiality protocols, and refinancing strategies.

Many of these issues are discussed in this chapter and in other parts of this guide.

Sample Target Outcomes

Walbridge Caring Communities (St. Louis)

- Keep children in school and increase their level of school success;
- Reduce out-of-home placements; and
- Keep children out of the juvenile justice system.

Lafayette Courts Family Development Center (Baltimore)

- Reduce the proportion of families on welfare;
- Increase employment;
- Prepare children for kindergarten more thoroughly;
- Increase graduation rates;
- Reduce teen pregnancy; and
- Reduce addiction.

Milestone: Designing an Interagency Service Delivery Prototype

> *"Prototypes not only provide services in a different way, they help us learn how to fix the system."*
>
> Martin J. Blank
> Institute for Educational Leadership

Planning at the Neighborhood Level

Once partners select the neighborhood where they will establish a service delivery prototype, they may want to hire or appoint the person who will direct it. This person then could have a direct role in the prototype's design, thus limiting the inevitable gaps that occur between planners and implementers. He or she also could begin to build relationships with the neighborhood's leaders, school principals, teachers, and agency directors and frontline workers whose ongoing support will be essential. The Savannah story on the next page illustrates the difficulties that partners encounter when they overlook this process.

Making Service Delivery Choices

As the profiles in Part III of this guide illustrate, most school-linked service delivery prototypes provide a range of prevention, support, and crisis intervention services. Their specific content and designs, however, differ widely. Partners should bear in mind that they cannot and should not provide every service at a single location. A profamily system will include a variety of settings in which whole families can quickly find the degree and kind of assistance they need.[5] School-linked settings are only one of many locations in which children and families can enter a profamily system. In addition, not every child and family using school-linked services will need the same degree of help. Many sites recognize this fact by offering varying levels of services. This kind of differentiation is responsive to

Second Phase Planning: Doing It Smart in Savannah

In Savannah, the original planning process was top down. Though the planners sought input from parents, businesses, and other community groups, a team of professional planners primarily shaped the service delivery plan. This process barely involved people such as principals, teachers, and agency lineworkers who were expected to carry out the plans. The result, says Otis S. Johnson, director of the Youth Futures Authority (YFA) in Savannah-Chatham County, Georgia, was "a lot of foot-dragging." Principals were unenthusiastic and communicated their feelings to staff. As a result, teachers did not always fulfill their roles, and some programs suffered from low attendance. Meanwhile, agency workers failed to return phone calls and did not go out of their way for a program that seemed ancillary to their own taxing duties.

In planning the second phase, Johnson and YFA reversed the process, starting from the grassroots. They began with a 4-hour community forum attended by more than 100 representatives from the YFA partners and the community. The forum participants established a common agenda. More than 6 months of planning followed, shaped largely by YFA members and mid-level and frontline workers, including principals and agency staff. YFA staff played a supporting role. The process was aided by a new sense of community ownership based on a heightened awareness of the problems of children and youth. "When we finally decided on what we were going to do," Johnson says, "there was buy-in from the people who would be responsible for doing it."

child and family needs and is a prudent use of resources. It provides basic services to everyone and more costly assistance only to families that need it. For example, a prototype might offer three levels of service:

- At the first level of service, any family in a targeted area may request **information and referral assistance,** much as they might by talking with their extended family, close friends, and neighbors.
- The second level of service provides **onsite prevention and support services** from a range of helping institutions for families who need them. A single school-linked site, for example, might include child care, counseling services, literacy assistance, youth development and mentoring activities, or education and training for students and adults. Food stamp and public assistance eligibility workers, tenant council representatives, consumer advocates, and community foot-patrol police officers also might be outstationed on a full- or part-time basis.
- A third level of service typically focuses on families with multiple serious needs. Social workers provide **case management or another kind of one-on-one attention** to connect these high-risk families with a tailored set of prevention, support, and crisis-intervention and treatment services. Multiple providers establish agreements to accept referrals and provide priority services to families who need assistance beyond what is offered directly at the center.

Services and service delivery strategies that partners might consider selecting are:

- Family assessment and family service planning;
- Intensive services such as family preservation and intensive case management services for those at multiple risk;

- Additional helping services such as:

  —Health care, including health screening, immunization, physical examinations, and treatment of minor illness or injury;

  —Early childhood services such as parenting services, infant care, child care, before- and after-school care, preschool education, and Head Start;

  —Transportation for children and families to and from needed services;

  —Adult education, including literacy training, specialized adult education classes, and General Equivalency Diploma (GED) programs;

  —Job training and employment services through the Job Opportunity and Basic Skills program (job training for welfare recipients), the Job Training Partnership Act programs, and the local job training organizations;

  —Youth development services such as mentoring, community service opportunities, and other youth volunteer and leadership programs; and

  —Education services, including tutoring, summer education programs, and special classroom support services;

- Multiple services located at or near school;
- Family "bill of rights" to state the rights and responsibilities that families have in their relationship with a service delivery agency and service delivery provider;
- Home visits and other outreach strategies such as street workers and block captains;
- Operating hours before and after school, evenings, weekends, and during the summer;
- Multilingual forms and letters;
- Bilingual and bicultural staff; and
- Involvement of children and families as volunteers and workers.

Partners can use several sets of criteria when choosing specific service delivery strategies. They should establish these criteria before making proposals so that everyone thinks in the same terms and the group avoids wasting time. The elements of a profamily system should be the first criteria partners use to decide what service strategies are needed. Taking each element in turn, partners might ask, "What services and service delivery designs are most likely to lead to a system that is:

- Comprehensive;
- Preventive;
- Family centered and family driven;
- Integrated;
- Developmental;
- Flexible;
- Sensitive to race, culture, gender, and individuals with disabilities; and
- Outcomes oriented?"

Partners also should evaluate service delivery possibilities on technical and political grounds. A **technical criterion** partners must consider is, "Does this option reflect what available research indicates will work?" For example, research confirms that at-risk learners can lose basic skills if they do not use them over the summer, causing them to fall further behind when they re-enter school in the autumn. Taking this knowledge into account, partners proposing learning-oriented interventions should consider whether they will operate in the summer and how the prototype design can include reading and writing activities.

A **political criterion** for partners to consider is, "Will the collaborative and

Selecting Services

In most school-linked prototypes, the mix of services provided usually will reflect a combination of available resources, collaborative goals and target indicators, and the needs identified through neighborhood analyses and other feedback. In Broward County, Florida, Shared Service Schools combines a variety of elements that meet varying family and community needs:

- **Information and referral for all community families;**
- **Services for those with specific social, emotional, physical, and intellectual needs;**
- **Intergenerational activities using the time and resources of senior citizens;**
- **Neighborhood empowerment activities designed to help residents become aware of resources and learn how to use them; and**
- **Noncompetitive, culturally appropriate, leadership-oriented student groups.**[6]

community residents sufficiently support this option for it to have a chance for success?" Services to help suspended or expelled students return to school, AIDS education, or locating infant centers in schools may meet strong resistance in some communities. When this happens, a collaborative needs to assess the environment and candidly discuss with its key representatives how to provide necessary services while respecting legitimate concerns. The checklist on the next page presents a series of more specific questions that reflect the elements of a profamily system as well as technical and political considerations for partners to use in their service delivery planning.

Before making a final decision on a service delivery design, partners should visit other communities, invite speakers, and use their networks to see how other communities operate their service integration efforts. The information collection that began in other stages continues here as partners have a more specific concept in mind. The purpose is not to find a model to replicate, but to find what will work best in their community. All of this information will help partners begin to consider the policy changes necessary to devise an implementation plan.

Selecting a Site

In many communities, schools provide immediate access to children and families and offer a convenient location in which to house a service delivery prototype. In the best situations, strong family-school connections exist, thus increasing the likelihood that children and families will take advantage of new services offered in the school building.

Partners need to remember, however, that school-linked services do not have to be school based. In fact, it is sometimes unwise to locate services in school buildings. In some cases, parents and children may feel more comfortable using services at a building or mobile unit on the school grounds, but away from the school building itself. In other areas, a church or community center may be a better setting. This is particularly true when many of the children do not attend the local school, when overcrowding presses school facilities, when the principal is not receptive to onsite services, or when the school climate does not value diversity or the other elements of profamily services.

If a school-based site is not chosen, partners should identify special strategies to ensure the ongoing involvement of principals and teachers. The closest location is not always the best. The critical issue is where children, families, and teenagers are most likely to use services and least likely to

Checklist of Questions To Help Make Service Delivery Choices for a Profamily System

- What mechanisms will partners use to ensure that a wide range of developmental, prevention, support, and crisis-intervention and treatment services are available to all children and families in the targeted neighborhood?
- Which partners have resources (including staff, materials, funds, and expertise) or services that they could redirect to a joint effort?
- How can partners redirect resources to enhance developmental and support services for families who are not eligible for categorically funded services?
- What steps can partners take to ensure that all families receive the degree of services they need when they need them, while reserving the most costly services for those most in need?[7]
- How, where, and what services will the collaborative provide for youths who are not in school and adult family members?
- What mechanisms will the collaborative use to make referrals and ensure followup?
- What measures must the collaborative take to involve the family (including extended family members) as partners in planning and implementing service delivery strategies and to ensure that service agencies work to meet family needs rather than institutional preferences?
- How will the collaborative identify and complement family strengths?
- How can partners overcome families' distrust of service providers, especially among immigrant populations?
- What provisions will the collaborative make to include the families who are the hardest to reach in the system?
- What mechanisms will partners need to ensure respect and appreciation for cultural differences and to prevent undue intrusion into family matters, especially among immigrant populations?
- What actions should partners take to ensure that service delivery is not only equal and nondiscriminatory, but also responsive to the needs of all groups?[8]
- What do partners need to do to establish assessment and treatment processes that define "normal" in the context of each family's culture?[9]
- Where and when will the prototype provide services?
- What training and supervision should partners provide to help staff at all levels understand and accept responsibility for improving family outcomes?
- What can partners do to reduce accessibility barriers such as limited transportation, lack of child care, illiteracy, and lack of handicapped access?
- What needs to be done to respect and to use a family's spiritual and religious beliefs and traditions as resources?
- What mechanisms must partners develop to improve accountability for individual and community outcomes and the cost-effective use of existing resources?

feel stigmatized or embarrassed. Even if some transportation or child care problems arise, it is better to travel to a location considered warm and welcoming than to settle on a nearby site that no one will use. Partners should choose their service location while doing the neighborhood analysis described earlier in Stage Three. The box on the next page raises some of the questions partners should ask in deciding whether to locate services directly at a school site. These questions can be adapted to apply to any prospective service delivery site.

Financing Services

At this point, a collaborative must decide how to pay for its service delivery prototype. Several different strategies can help to do this. Generally, the basic aim is the same: to invest dollars in more comprehensive and responsive services and supports that allow flexibility to meet families' individual needs. This often requires sharp alteration of current spending.

Collaboratives have used three major strategies to finance new service delivery prototypes. The first involves **redirection of funds** already used for services. This redirection can involve local funds, state funds, or both. The basic approach is to move resources from their current use to another use that supports the more comprehensive school-linked service strategy developed by the collaborative. Without requiring any waivers or exceptions, this strategy redirects funds already invested in the system to achieve new purposes.

Examples include:

- Redefining the job descriptions of staff so they can perform functions more closely with a service delivery prototype that integrates services and is linked to a school;
- Colocating staff from several agencies at a central integrated services location so they can deliver more comprehensive services to children and families;
- Redeploying one agency's special-purpose program funds (teen pregnancy, substance abuse, maternal and child health, special education, or Chapter I) to the collaborative and combining them with other funds to support a more comprehensive service delivery strategy for teen mothers and their children; and
- Identifying resources currently used across a broader geographical area and targeting them in the prototype neighborhood.

In certain cases, state officials give localities authority to use certain funds appropriated for one purpose in an alternate way that is more directly related to better outcomes for children and families. For example, the state of Missouri finances the Walbridge Caring Communities program by redirecting state mental health and social service funds to this initiative. Legislation in Maryland now permits local jurisdictions to use funds earmarked for foster care to provide in-home prevention and family support services to prevent family breakup and avoid greater back-end expenditures on out-of-home care.

Decategorization is a special variant of redirection at the state and local levels. It removes the categorical restrictions attached to funding so that money can be used more flexibly to meet family needs according to locally set priorities. In Iowa, for example, state legislation has decategorized a variety of child welfare funding streams on a limited, experimental basis.

This approach has strong advantages, but it also poses challenges to agencies in the collaborative. A major advantage is that it uses dollars already appropriated for services that agencies control. Thus, with this approach, collaboratives can begin new patterns of service delivery relatively quickly without extended negotiations or requests for new funds. A further advantage of this

Should Services for Children and Families Be Located at a School?

Deciding whether to locate a service delivery prototype directly at the school depends on factors unique to each community and each school. Everybody involved in the planning process should discuss the issues raised below:

- **Trust**: Do families in the neighborhood trust the school? Has the school involved parents in making decisions, planning programs and meetings based on their needs, and learning about their children? Do groups from the community already use the school for community meetings and classes? Do parents come to school staff for help in meeting their daily needs? If parents do not voluntarily come to the school already, they may be reluctant to use additional services located at the school.
- **Access to Services for Children During School Hours**: Teachers and other school staff often become aware of problems while children are at school. Services located at a school allow immediate access to support and special services and can forge a critical connection between the child, family, and school. Referring the child and family to services away from the school site often means the child and family never receive the needed services.
- **Connection Between School and Other Staff**: When services are located at a school, there is ample opportunity for school and service agency staff to communicate about the needs of children and families. The communication may take the form of shared staff development, a joint consultation process involving school and service agency staff, or a quick conversation during recess. This communication is essential if school staff are to develop a broader perspective of the needs of children and to participate actively in a system of integrated services for children and families.
- **Availability of Space**: Some neighborhoods have plenty of school space and may even have whole school buildings that are not being used for instruction. Other schools may not have any room at all. Sometimes portable classrooms can be placed on a school site and used for integrated service programs. Careful and realistic planning is needed to balance staff needs for integrated services with the amount of space available.
- **Accessibility**: Access to services is complicated, especially for families who must walk or rely on public transportation. To be accessible, schools and other sites for services must be well lighted, close to public transportation, and located in areas considered safe by all groups in the community. Some school buildings may not be available after regular working hours. Hence, they would not be accessible to parents who are away from home during the day.
- **Where the Children Are**: In some neighborhoods, almost all children attend the local public school. In others, many children go to schools outside the district because of integration or choice programs, or they attend private or parochial schools. Some schools also enroll a large number of students who do not live in the neighborhood. The issue is whether services will be available and accessible to children and families who need them.
- **Regulations**: Schools and other agencies are sometimes subject to baffling and conflicting facilities regulations. In California, for example, schools are subject to a much stricter set of seismic safety standards than other buildings. Only buildings meeting these standards may be used by children during school hours. Medical facilities are subject to another set of regulations to be eligible for federal and state funds to reimburse the cost of services. There may be other important regulations in your area. A thorough check of applicable regulations is an important part of deciding where to locate services.

approach is that it demonstrates strong commitment to change. Redirecting funds from current services is one of the strongest forms of evidence that agencies support new patterns of service. The challenge of redirecting dollars in a tight fiscal climate is that agencies may not feel that they can forego any current activities. Agencies need to challenge themselves to set new priorities and begin investment in new, profamily forms of service, even if it means cutting back on other services they now provide.

A second major strategy for financing new service delivery prototypes is **refinancing and reinvestment**. This strategy usually involves maximizing federal entitlement programs and uses federal titles under the Social Security Act to underwrite services to make the most effective use of scarce state and local funds. It is often possible for a collaborative to use federal funds to refinance services that are currently provided. As a result, state and local dollars are freed for **reinvestment** in additional services. This approach usually requires changes in state plans submitted to the federal government. Federal or state waivers also may be required. Medicaid and child welfare funds provided by Title IV-E of the Social Security Act are key financing sources. Certifying schools as Medicaid providers is a key strategy for refinancing that is being pursued at the local level. This approach is the most technically complex of those described here. Thus, it is likely to be a long-range strategy for most collaboratives.

The third major strategy for financing new service delivery prototypes involves **investing new dollars**. Many collaboratives have used a limited amount of new funds to support their new approaches. These may come from public or private sources. However, given states' and localities' current fiscal situations, public funding for this purpose may be difficult to obtain. Foundations and corporations are a potential source of support in this climate.

Finding ways to finance the local service delivery prototype is the first step toward building a strong financial base for new services. However, as collaboratives seek to expand new forms of service delivery, a long-term financing plan will be necessary. This is likely to involve more commitments by state and local government; thus, it will require higher levels of political negotiation and commitment. Additional discussion of long-range financing is presented in Stage Five, Going to Scale.

Milestone: Developing the Technical Tools of Collaboration

> *"We are still designing the technical tools we need to build a more responsive system of services."*
>
> William Morrill
> National Center for Services Integration

Partners need to bear in mind that the purpose of implementing a prototype, in addition to providing quality services to targeted families, is to gather information about how to create systemwide change. An effective service delivery prototype will identify family needs, barriers to services, and ways partners can work together to reduce those barriers for all families, not just those in the targeted neighborhood. Partners need to ask: "What mechanisms can we develop to help us collect and use information more effectively?"

Using Case Management To Inform Systems Change

"Family advocacy" is replacing the term "case management" in an increasing number of profamily service delivery initiatives as partners seek terms that recognize the importance of a partnership between frontline workers and families. Some argue that "family advocacy" is still not the right term and seek still different language. Because many view advocacy as one of several functions that together comprise case management, this guide uses the term "case management."

Interagency case management is a key strategy used in many school-linked prototypes. At the service delivery level, interagency case management can help families with multiple needs benefit from available services. At the systems level, it provides key information on how well existing services meet family needs and highlights the areas needing change. Interagency case management uses an individual hired by the collaborative, an existing staff person redeployed from a partner agency, or a team of specialists from a variety of agencies that is given the authority by the collaborative to perform several functions. These include assessing needs and planning services jointly with families, connecting families to multiple agencies, monitoring their progress, and advocating for more effective service delivery in all the organizations and agencies that provide services to children and families.

School staff should help design the case management process. They can identify students needing case management and provide important information to enrich case planning, such as the material contained in a special education student's Individualized Education Plan. Communication is also necessary to ensure that teachers have a role in implementing case plans and that the goals and objectives of the prototype are reflected at all levels within the schools.

To ensure that prototype case management activities provide information that can lead to system changes, **a case plan should include clear notes on why services were not used and on what barriers prevented children and families from fully meeting their objectives**. These obstacles might include eligibility requirements, language barriers, cultural factors, the cost of services, location inaccessibility, transportation costs, lack of child care, or simple unavailability of services. Once collected, these data must be tabulated and distilled to identify specific areas in which the system needs to be made more responsive. Because data collection is easily put off for other work, it is important for partners to state explicitly who is responsible for analyzing, summarizing, and presenting this information to the collaborative and when it will be acted upon.

Designing Common Intake and Assessment Forms

Partners also need to ask what tools they can develop to reduce the barriers to efficient and effective service delivery. Although not every service will be provided at the school-linked site, it should serve as a point of entry to a full range of services provided by multiple agencies. A common intake and assessment form developed by a collaborative offers an efficient means to match families with the services they need. Since many agencies collect much of the same basic demographic and background information to register clients and assess needs, a collaborative can design common intake and assessment forms that a variety of agencies could use.

The Smart Start integrated services initiative in Genesee County, Michigan, has created assessment, case planning, and permission forms that several agencies are using in their joint service delivery efforts. In addition to Smart Start, the county health department is using these forms in some of its other early intervention efforts for children and families.

Devising common interagency intake and assessment forms could:

- Save families from the wear and tear of repeated questioning and disclosure;
- Speed up the receipt of services; and
- Save agencies time and money.

Sometimes, however, common forms do not include all the information a given agency needs for its own internal purposes. When this happens, agencies do not use the forms, or they use them in addition to their own forms, thus creating more work for busy staff. Participating agencies can resolve this problem by developing an add-on page that can be attached to the common form to collect any additional information.

Common Eligibility Determination

Documenting the separate eligibility requirements for each different program that families need burdens administrative staff and complicates families' lives. Many federal eligibility rules and procedures are set by statute and require legislative action to change. Although waivers of federal regulations are being considered in some cases, particularly by the U.S. Department of Health and Human Services, sweeping change will not be possible in the short term. Instead, a collaborative can consider establishing interagency agreements in which participating providers provisionally agree to certify children and families applying for specific services when they have already proven eligibility for services with similar and more restrictive requirements. For example, pregnant or nursing mothers already receiving Aid to Families with Dependent Children (AFDC) would be automatically approved for Women, Infants, and Children (WIC) services.

Collaboratives also can ensure that the provisions of existing law relative to common eligibility determination are implemented at the state and local levels. For example, the Child Nutrition amendments of 1989 (P.L. 101-147) authorize the local agency responsible for the AFDC program to certify children of AFDC families as eligible for school breakfast, lunch, and milk programs. Taking advantage of this provision would reduce administrative work usually done by the schools and ensure that more hungry children are fed. Though passed in 1989, implementation of this policy is moving slowly. Collaboratives can help to accelerate the process. The San Diego Department of Social Services, as part of the New Beginnings strategy, has implemented these procedures and seen a significant increase in school lunch participation.[10]

Setting Up a Management Information System

To use information flexibly, partners also should consider implementing a management information system (MIS), a centralized data bank that stores individual and aggregate data and organizational information. An automated system can:

- Allow schools and agencies serving the same families to share information;
- Access information from other agencies and add information potentially useful in designing, implementing, or following up on service or educational plans;
- Identify information needed to establish eligibility for services;
- Verify what services families currently receive and determine whether they actually received services to which they were referred; and
- Establish ongoing records that make it possible to follow a child and family from one agency or community to another to prevent service interruption.

An effective MIS also should permit the retrieval of aggregate data for tracking accountability-related information on caseloads, resource use, costs, outcomes, and related factors. Partners then can analyze this information to identify problems and to track progress toward key indicators of child and family well-being established by the collaborative.

Of course, defining the general parameters of an MIS is a simple task compared to creating such a system. Collaboratives will have to address multiple issues in the design process—varying agency data requirements, the compatibility of computers across public agencies and

The Importance of a Management Information System

For the Youth Futures Authority (YFA), an interagency collaborative in Savannah-Chatham County, Georgia, established with funding from the Annie E. Casey Foundation, collecting data through an MIS was the best tool for change. The MIS tracked students through Savannah schools. The YFA then disaggregated data by race and sex, helping the collaborative to make critical decisions about services and overall direction. For example, data showing that failure starts as early as first grade prompted YFA to shift its focus from remedial and enrichment programs in the middle schools and high schools to preventive services targeting children's earliest years. The data focused YFA's attention on the disproportionate and widespread failures of black males, leading to the establishment of a task force to study the problem. In addition to black males, YFA selected two other target groups based on the data: teenage mothers and their children. Without such information, says the executive director, Otis S. Johnson, "We'd be lost."

between public and private agencies, and, most importantly, the willingness of agency leadership and technical staff to build such a system.

The state of the art with regard to MIS is not well developed. Several collaboratives are developing client tracking and information systems for their prototypes. For example, Walbridge Caring Communities in St. Louis is building such a system. The Youth Futures Authority in Savannah-Chatham County, Georgia, and the other cities in the Annie E. Casey Foundation's New Futures initiative have pioneered the use of management information systems. However, a comprehensive interagency MIS as described here, including the effective use of data gathered from multiple agencies, has not yet been designed and implemented by a local collaborative.

Dealing With Confidentiality

Using each of these tools—interagency case management, common intake and assessment forms, and a centralized MIS—requires partners to willingly share necessary information. Many partners believe, however, that using those tools or maintaining open and effective interagency and agency-school communication requires difficult changes in existing laws. As a result, partners never move beyond simple colocation strategies that do not require them to exchange information about individual children and families. According to two recent studies, however, partners rarely must obtain statutory changes.[11] In most cases, enough overlap exists in each partner's confidentiality rules to allow them to share information while fully protecting families' rights and welfare. Collaboratives should carefully review these studies to ensure that they understand the issues involved and develop a structured process to identify how these concerns affect local service delivery. Ultimately, they must develop an approach to information-sharing that both families and the agencies in their community will support.[12]

Milestone: Formalizing Interagency Relationships

> *"Forging supportive relationships appears to be both the heart of the collaborative process and a central aspect in an emerging vision of improved services for children and families."*[13]
>
> Joan Lombardi

Interagency Agreements

Once partners make all of their decisions concerning the design of the prototype, they should create a complete plan for designing and implementing it. Such a plan will guide implementers, serve as a document to secure signoff on resource allocation from key partners, and provide a description that partners can share with the community. As part of this plan, partners must negotiate and formalize agreements among themselves to address a range of issues, including:

- Priority service arrangements to ensure that case managers can link families to the services they need;
- Immediate eligibility for categorical services;
- Redeployment of personnel designed to meet collective goals; and
- Governance arrangements.

These agreements are more than statements of what partners would like to do. They are written pacts signed by key parties within the collaborative and specific partner schools and agencies that detail what will be done, by whom, and when. To improve effectiveness, the frontline staff who will have to implement the terms should participate fully in the negotiation of these agreements. Many collaboratives publicly celebrate the signing of interagency agreements. They are a visible demonstration of agency commitment. Formally acknowledging these agreements will make it more difficult for partners to renege on their promises down the road. Partners, however, should view these agreements as living documents that can and should be reviewed frequently and changed when necessary to better meet service delivery needs. While designed to be binding, reviews and changes in the agreements can result in more rapid progress toward the collaborative's goals.

Refining the Collaborative Structure

Up to this point, the collaborative has taken on several critical tasks: reviewing and publicizing the status of children and families in the community; educating partners about children and families, their communities, and the agencies that serve them; building a vision of a profamily service delivery system; and designing a service delivery prototype. Before the collaborative implements its prototype, partners should make sure that their collaborative's internal structure is sufficient to carry out two other key functions. A collaborative must be able to:

- Efficiently gather information on barriers to effective service delivery and quickly develop policy solutions to these problems. Data should come from the case management system, intake and assessment, MIS, and general implementation experience.
- Provide the prototype director with a clearly defined mechanism to resolve a host of implementation problems. Partners should establish a committee or other mechanism to review periodically the interagency agreements that will be necessary to provide interagency services at a school-linked site.

New Beginnings in San Diego uses an executive committee consisting of directors of the participating agencies to resolve policy issues and an implementation council to provide guidance to the prototype operations. The Walbridge Caring Communities program in St. Louis uses an interagency team representing the state of Missouri's Departments of Education, Social Services, Mental Health, and Health. It relies on a local advisory council for continuing program input. Other communities, as the accompanying story from Flint, Michigan, describes, have organized a multitier structure that includes a policy council, a senior and mid-level implementation group,

Governance—Smart Start Style

In Smart Start, the integrated services child health initiative located at Gundry Elementary School in Flint, Michigan, communication flows through an elaborate three-tier system linking the grassroots, mid-level bureaucrats, and policymakers. Information flows freely between all three levels. Smart Start Director Libby Richards is the facilitator for the three tiers: a 20-member policy council, an implementation team, and a neighborhood advisory committee.

The policy council, composed of top leadership of partner agencies, is the final decisionmaker. It includes the Gundry Elementary School principal and representatives from the schools; county Departments of Health, Social Services, and Community Mental Health; the city of Flint; the United Way; businesses; the teachers' union; private provider organizations; the local community foundation; and the neighborhood advisory council. The group usually meets every 6 to 8 weeks.

The implementation team of mid-level staff designated by the members of the policy council includes the Gundry Elementary School principal and several school staff members. The team meets every 2 weeks or weekly as needed and is the workhorse in the initiative, hammering out the issues that the policy council must approve.

The neighborhood advisory committee includes residents, teachers, ministers, parents, the head of a neighborhood block club, a businessman, a senior citizen, and the Gundry Elementary School principal. It meets monthly and provides feedback and suggestions to the other two groups.

The three groups link not only through Richards, but also through their common members. The cochairs of the neighborhood advisory committee, for example, link the bottom to the top through their membership in the policy council. A report from the neighborhood advisory committee is a standing agenda item at meetings of the policy council. The school principal links all three levels. "Each tier contributes something very different to the process and the outcome," Richards says.

Information and proposals filter up and down in a process that Richards calls "tedious." She believes, however, that the time spent is worthwhile, increasing the participants' sense of ownership of the initiative. Such a sense of involvement is critical to the change process. "Anything that changes the way people do things has to involve their buy-in, otherwise people say 'I didn't agree to that,'" Richards says.

and a neighborhood advisory council to obtain community input and involvement.

Each local community will have to determine the most effective governance structure for its circumstances. At this stage, it remains important for a collaborative to maintain flexibility with regard to the governance structure so it can evolve to meet local needs and conditions. In Stage Five, "Going to Scale," a collaborative will have to make long-term decisions about the governance structure.

Milestone: Reflecting and Celebrating

- What did the collaborative learn from doing the neighborhood analysis that could be applied at future prototype sites?
- How can public services work with neighborhoods and community-based resources to support children and families? What changes in the

operations of public institutions would make such a partnership work at the service delivery level?

- What did partners learn about effectively involving the consumers of services in the planning of new service delivery strategies? How will the collaborative build on those lessons in the future?
- What additional work is required to design and implement viable case management and management information systems?
- What tactics can the collaborative pursue to implement a common eligibility determination system?
- What did the collaborative learn about working together from its effort to develop a governance structure?
- Overall, what did partners learn from the strategic planning effort that should guide future efforts?

Landmines To Avoid

- Conducting a neighborhood analysis without attempting to identify community strengths or building relationships with key community leaders.
- Adopting specific service delivery designs without rigorous application of criteria.
- Setting up target outcomes that identify quantity of services without a focus on long-term results.
- Emphasizing the technical process of designing case management or management information systems at the expense of sustaining political support. Balance is essential.
- Overlooking school staff and other frontline workers' input in designing the prototype.
- Using convenience of location as the most important site-selection factor without considering whether or not families will feel welcome and comfortable.
- Deciding that confidentiality issues are too hard to overcome and not finding ways to share information.
- Overlooking the importance of incorporating methods to collect data for system change into the prototype design.

Stage Four:
Taking Action

"Implementation will test the vision and commitment of even the strongest collaborations."

Khatib Waheed
Walbridge Caring Communities

Major Milestones

The collaborative **AGREES ON A STRATEGY FOR SELECTING, TRAINING, AND SUPERVISING STAFF.**

Partners **IMPLEMENT AN INCLUSIVE OUTREACH STRATEGY** ensuring that families most in need of school-linked services take advantage of them.

The collaborative **INCORPORATES SENSITIVITY TO RACE, CULTURE, GENDER AND INDIVIDUALS WITH DISABILITIES** in its service delivery.

Process and outcome methods are used to **EVALUATE PROGRESS.**

Partners **REFLECT** on their implementation experience and **CELEBRATE** the opening of their service delivery prototype.

Milestone: Selecting, Training, and Supervising Staff

"For services integration to work, principals, teachers, social workers, health providers, and others all must redefine their roles."

Alfredo Tijerina
Schools of the Future

Staff Roles and Selection

Introducing new patterns of service delivery requires partners to thoughtfully consider staff roles, selection, training, and supervision. Job descriptions should clearly reflect the collaborative's vision of high-quality service delivery and staff responsibility for meeting anticipated outcomes. Vague or confused expectations often result in a drift away from the original design of the service delivery prototype. Potential staff members should clearly understand the assumptions, responsibilities, and expectations that will govern their positions and how these will differ from

Staffing Choices

Missouri state officials started the Walbridge Caring Communities program, but their goal was community ownership. To that end, the collaborative rewrote the project director's job description to fit Khatib Waheed. In turn, Waheed had broad discretion in hiring staff. More than anything, he wanted people who possessed the quality of genuine caring embodied in the African proverb, "A spear in your heart is a spear in my heart." He was looking, he says, for "the kind of person who would pursue a call beyond oneself." Literal interpretation of community ownership has resulted in a staff of 22 that, like the community, is 95 percent black.

Most of the nine staff members Waheed hired from the neighborhood served as child care workers in the latchkey program. Waheed took a risk with two positions in Walbridge Caring Communities' health component. The health clerk was previously an outreach worker. The home-school visitor was a carpenter and a recreational counselor at Walbridge Community School. Neither had a background in health, but both were hard workers who lived in the community and were open to guidance. While the experiment did not work out, he does not regret the decision. His choice, he believes, sent a message to community residents that this was indeed their program.

The Walbridge Caring Communities program has a level of commitment and rootedness in the community that would not have been possible had state agencies merely transferred existing staff to the site. Twenty-four-hour crisis intervention and high-risk, monthly, antidrug marches require committed, onsite staff. "The benefit is that you identify people who are willing to do what is necessary to get the job done," Waheed says.

Eventually, he hopes a capable, home-grown project director will lead the home-grown initiative, thereby completing the process of community ownership and empowerment. "If I'm doing my job, I should be working myself out of a job," Waheed says.

current or past job requirements. They too must become committed to the vision of the collaborative.

Job descriptions should specify necessary education, training, and experience, but partners should not set these formal requirements so high that they exclude people with otherwise exceptional attributes and qualities. Frontline workers' job descriptions should offer increased flexibility and discretion so they can act in partnership with families.

Practical experience suggests that people most likely to thrive in "break-the-mold" settings include professionals and paraprofessionals, especially community residents, who:

- Are flexible and creative;
- Tolerate ambiguity and are self motivated;
- Have experience in more than one service sector;
- Genuinely appreciate the strengths of children and families;
- Understand the influence of cultural differences on children and families; and
- Use culture and community values to inform service delivery and achieve outcomes.

Staff Training

> *"How do we get these groups to respect each other's expertise and learn from each other? There needs to be a lot of training before collaboratives can even get off the ground. This is all new territory for people. . . ."*
>
> Mamie Johnson
> P.S. 146
> New York City

Ongoing training and supervision is necessary to incorporate the collaborative's vision into everyday practice. The key difference between traditional service delivery and a more responsive family-driven system is how providers deliver services, not what services they deliver. Staff need to learn to build on the strengths of children and families and to responsibly and effectively use the greater autonomy that partners should give them.

Staff who help families to confront the consequences of their actions in a positive manner can teach themselves to accept responsibility.[1] In addition, staff training built on the base of common knowledge developed in Stage Two ensures that frontline workers have adequate interagency information. Staff should help design training that teaches them:

- To examine their own cultural beliefs and child-rearing values and recognize the tensions that can arise in programs that seek to empower families;[2] and
- To unlearn the attitudes and behaviors common in highly bureaucratic, agency-centered, problem-oriented institutions.

Training must help prototype staff to develop a sense of identity and allegiance to the vision and goals of the collaborative.

Training Strategies

In Flint, Michigan, the Smart Start integrated services child health initiative set aside 2 weeks for the initial training of staff and representatives from the partner agencies. A committee of partner representatives designed the training program that covered general topics such as collaboration. Smart Start staff held half-day and day-long sessions primarily at the school, a senior center, and a nearby church. They encouraged residents to take part in some sessions. Though the collaborative did not have the money to pay for substitutes to allow teachers to attend the training, it asked teachers to make presentations during the segment focusing on the school. A brown bag lunch and conversation for all teachers and support staff followed the presentations. To acquaint participants with the neighborhood, Smart Start provided a bus tour. Stops on the tour included the local library, a local job training center, and a substance abuse counseling center. "We used the training as an opportunity to build relationships," says Libby Richards, Smart Start's director.

Another element of the training program was a session on racism conducted by an expert on cultural sensitivity. Coincidentally, the session took place shortly after the 1992 Los Angeles riots. It was an important component of the training program that signaled an awareness of racism as being as important as family development or knowing what forms to use. "You've set a framework in the beginning that says this [cultural sensitivity] is as important a skill or value for us to have as any of these others," Richards says.

About 60 people took part in the training as participants or presenters. Richards regrets the lack of advance planning that prevented broader participation. She also hopes to find money to provide training for teachers, the first source of referrals to the center. Smart Start conducts training on an ongoing basis, however, with weekly sessions that sometimes expand into neighborhood forums. "We see this as an ongoing process," Richards says.

This is particularly important for outstationed staff who work at the prototype, but also must maintain connections with their parent agencies. Since this situation can create tension between the prototype director and the frontline workers' supervisor at the parent agency, involving supervisors in staff training is important to mitigate this potential problem. Creating a mechanism to resolve conflicts among staff as they arise also helps.

Resolving Insider/Outsider Issues

> *"You have to find ways to cement relationships among disparate elements. . . . You have to establish relationships that are nonthreatening."*
>
> Merrilyn Parks
> Rochester City School District

The collaborative's staff may be repositioned from other agencies, assigned from within the school itself, or hired with redirected funds or private support as new employees of the collaborative. Staff drawn from other agencies can begin to form important bridges between the schools and human service agencies. As noted earlier, however, difficult insider/outsider issues are likely to arise, especially in school-based initiatives.

Staff must maintain relationships with their parent organizations, with the schools, and within the collaborative. Yet, to some extent, they are outsiders to all three. Outsiders must understand the school's culture and organization. At the same time, they must stay out of its politics and avoid becoming just another helper around the school. Repositioned staff working in the schools may have a variety of questions about how they fit into the school community:

- What will we do when school is not in session?
- What hours do we work? What flexibility do we have?
- Who will supervise and evaluate us?
- Whose policies do we follow? Which school policies apply to us?
- What relationship do we have to school staff, to restructuring committees, and to allied school personnel such as school counselors and social workers who may perform similar functions?
- How do we stay in touch with our own organizations and keep informed of changes that might affect us personally or affect the children and families we are working with?
- What training opportunities do we have for staff development or agency advancement?

School staff will have questions of their own. Their most critical concerns, however, usually go unspoken. For example, teachers who want to know how interagency efforts will relate to instruction and student learning also may want to know how much this new activity will interfere with their jobs or require additional time from them. Questions about how agency staff will work with children and families may mask anxiety about how these changes will affect teachers' professional authority and relationships with their students. In an effective prototype, supervisors will anticipate these concerns and help staff keep them in perspective.

All of these issues should be addressed in staff training. In addition, to minimize uncertainty among all parties, a formal written agreement between the collaborative, the repositioning agency, and the school should spell out the terms of repositioned staff contracts in detail. The agreement should include:

- The position to be reassigned;
- The duties it will entail;

- The policies that will govern the repositioned employee;
- Lines of supervision and evaluation;
- Responsibilities of all three organizations to provide physical support, training, benefits, and other forms of support and compensation;
- Provision for handling conflicts;
- The duration of the agreement; and
- The procedure(s) for terminating the contract.

Changing Roles for School Staff

> *"Entre el dicho y el hecho hay un gran derecho." (Between the saying and the doing there is a long stretch.)*
>
> Irma Castro
> New Beginnings

When a comprehensive system of services involves school staff, they can expect changes. Schools have a particular and well-developed culture, including vocabulary, schedules, curriculum, staff roles, and recordkeeping that staff from other agencies may not understand or accept. For school staff accustomed to working in prescribed and comfortable ways, starting a school-linked, service prototype may be a difficult challenge. Working through the changes is essential. It requires a clear understanding of the needs of children and families, application of active listening and communications skills, and a commitment to make the profamily system work. Above all, it takes patience and time. Because many school staff are not used to working with other professionals on the school site, interagency communication and shared problem solving may be particularly challenging. School staff may be challenged to change in many ways as noted in the box on page 72.

Milestone: Implementing an Inclusive Outreach Strategy

> *"Profamily service delivery requires an aggressive, culturally sensitive outreach strategy."*
>
> Edna R. Vega
> New York Department of Education

Providing neighborhood-based services often makes access to services easier, but it does not guarantee that families—especially those most at risk—will use them. Profamily service delivery reaches out to families and works to overcome the factors that keep them isolated. Effective initiatives involve the community in planning and overseeing service delivery. They also can employ community residents as outreach specialists to introduce families to a new way of doing business. Unless families are told otherwise, they may assume that school-linked service delivery will be no different than the crisis-oriented, traditional services available at the welfare department, health clinic, or other agencies colocated at the school. Hence, families are not likely to use the prototype's new services until their situation is serious. Lingering recollections of past experiences with intrusive or judgmental workers may keep them away even longer.

Instead of relying on routine and often-ignored communications from the school, the prototype staff must identify and access communication channels that parents use. They should regularly use colorful bilingual posters in supermarkets and housing developments, notices in church bulletins and community newspapers, leaflets distributed at corner convenience stores and to homes, and public service announcements on popular radio stations. Staff also should get civic groups, block clubs, and other organizations to spread the word. Social and recreational events cosponsored with a neighborhood organization can communicate the presence of something new in the community. Perhaps most importantly, knocking on

Challenges for School Staff

- **See themselves as facilitators of learning.** Teachers do not want to become social workers, taking on all of the problems of a child's life. Teachers who are committed to their children's success, however, will use input from other professionals to consider a child within the context of his or her family, culture, and community, and they will use that information to adapt their instruction. They may help a withdrawn child to work in a cooperative learning group, give extra classroom responsibility to a child who needs adult attention and praise, and make sure to call or write the parent(s) of a child whose academic work is improving.

- **Recognize and support the role of the family in students' academic success.** As families have changed, they have become less responsive to the ways that schools traditionally communicate with them. Busy families may not see attending school meetings as a priority; they prefer to spend free time with their children at home. School staff may interpret this as a sign that families do not care about education. Families will respond, however, to suggestions or materials about helping children at home. Some schools have instituted programs of "Family Math" or "Family Kindergarten" in which the whole family attends events that feature learning games and activities for the home.

  Adults who do not have much formal education sometimes think they cannot help their children with school work. Schools and teachers can bring information and support to these families. Research shows that children's reading improves when they read aloud to someone else outside school hours, even if that person cannot read.

- **Be open to revising their interpretation of children's behavior.** In the classroom, teachers often respond to isolated incidents of behavior: a referral to the counselor for disrupting the class, a referral to the nurse for a headache or stomachache, or a referral to the truant officer for excessive absences. The profamily system will expect teachers to see the whole child, not just the fighter, the complainer, or the truant, and it will encourage teachers to consider that child's behavior in the context of their families.

- **Rethink their own roles in relation to children's behavior.** Many excellent teachers prefer to handle children's academic and behavior problems themselves, rather than refer a child to a counselor, social worker, or remedial instructor. While this approach is successful with many children, even the best teachers need help sometimes. It is not an admission of failure to use support and services from other professionals. Teachers who begin to share the responsibility for children with other professionals may need training and reassurance to communicate across professional lines. They will need dependable feedback so that they do not feel cut off from what is happening with their students.

- **Give a new system time to grow and develop.** When a school serves a large number of children from families in crisis, the school may feel as though it is in a crisis too. Instituting school-linked services is a major source of support for children, families, and school staff, but it does not happen overnight. As communication improves and families' needs are met, the new school-linked system of services can effectively aid a school staff in helping children to learn.

doors and visiting homes lays the foundation for a new set of relationships among the neighborhood, the prototype, and the families that the collaborative hopes to reach.

Milestone: Incorporating Sensitivity to Race, Culture, Gender, and Individuals With Disabilities

> *"The major shifts that are occurring in our demographics require that we develop education and human service professionals who can respond to increased diversity."*
>
> Linda Moore
> Institute for Educational Leadership

Applying the principle of sensitivity to race, culture, and gender within a profamily system is not an easy task, particularly as communities become more diverse. Partners continually must reaffirm the importance of such sensitivity. They must examine their own racial and cultural attitudes, identify the strengths and special needs that arise within families from specific cultural backgrounds, and design service delivery strategies that build on these differences. During the implementation stage, the collaborative must incorporate sensitivity to issues of race, culture, gender, and individuals with disabilities into its staff training programs, devise outreach strategies that reflect cultural variations, and, perhaps most importantly, remain flexible so that it can adapt the service delivery prototype to special needs that emerge.

Many Southeast Asian families, for example, felt uncomfortable using services at New Beginnings' center. Even though the collaborative hired a Southeast Asian Family Services Advocate as part of the staff, families still felt that it was unacceptable to go outside the family or clan for assistance. Families were hesitant to call the Southeast Asian Family Services Advocate at work because they did not want to bother him when he was busy, although they gladly called him at home on the weekend to ask for help. To respond to this situation, New Beginnings arranged the Advocate's hours and work location to be more flexible. Gradually, people are learning to feel comfortable, and some are beginning to come to the center and to the Advocate's home.

Milestone: Evaluating Progress

> *"We keep thinking about evaluations as autopsies instead of smoke detectors. You have to start the evaluation process early so that learning starts from day one."*
>
> Susan Philliber
> Philliber Research Associates

Continual evaluation can determine how well the prototype provides services, whether the system is working according to plan, and what mid-course corrections are necessary to make it work better. Implementers need to know what is happening and why.

Eventually, after the kinks have been ironed out and the system has been running smoothly for a considerable period of time, staff should conduct an outcome evaluation to determine how the new patterns of service affect the lives of children and families. A comprehensive evaluation plan needs to track the **process** of implementation and the **outcomes** that result.

Process Evaluation

A process evaluation monitors what a service delivery prototype is actually doing and should do to improve program performance. A process evaluation has informal and formal dimensions. Informal evaluations should come from day-to-day program operations. Staff reports at weekly meetings allow personnel at all levels to assess the prototype's operations. Feedback forms from staff and consumers can contribute to the same objective.

To conduct a more formal process evaluation, planners need a clear sense of what services and activities the prototype will provide to whom, when, how, and where. They also will need a method for collecting data to determine whether performance indicators were achieved. A process evaluation should answer questions at the service delivery and the systems levels. Some relevant questions are:

At the service delivery level:

- Are the services reaching the intended target population?
- What services do people receive that they did not receive before?
- How has service delivery changed?
- Has collaboration changed the relationship between families and frontline workers?

At the systems level:

- How is collaboration, including the collaborative's governance structure, working?
- Are partners upholding interagency agreements, sharing resources, and putting new patterns of service delivery in place?
- Are partners identifying and addressing systems-level barriers?
- What other changes, either across agencies or within individual agencies, has collaboration produced?

Where resources allow, engaging an external organization to conduct the process evaluation will ensure that the function is carried out in a timely fashion and is not put on the back burner by staff focused on serving families. Otherwise, staff can glean qualitative and quantitative data for a process evaluation from case records, service logs, referral forms, cost breakdowns, descriptive program histories, ethnographies, and semi-structured interviews with clients. All of these supply information on children and their families; the health, education, and human services provided; and the communication among and between partners and referral agencies. Although these performance data say little about the quality or effectiveness of services provided, they chart important progress and contribute to program credibility and accountability. Information on how well the program is doing also helps the collaborative to chart the next steps and plan for the future.[3]

Measuring Outcomes

In Stage Two, partners compiled a broad list of indicators of child and family well-being. In Stage Three, they used that list to help them select outcomes targeted for improvement as a result of the prototype service delivery interventions. Now, in Stage Four, partners need to state clearly the degree of improvement they expect to occur within a given period of time. The collaborative's success will be based on the extent to which it meets these goals.

Because partners are publicly accountable for attaining these measurable outcomes, they should select them carefully. Some rules to follow are:

- **Measures should be reasonable.** Outcomes should reflect an understanding of the problem and the significance of the proposed interventions.[4] Planners should consider how much improvement can result from the current resource levels, the magnitude of the problem, the presence of incentives and disincentives, and the intensity of the treatment intervention. Because they will have the best knowledge about each of these factors, staff and administrators who are accountable for meeting objectives should have a substantial voice in determining what constitutes reasonable outcomes. The collaborative should accord them even more latitude in deciding the strategies they will use to meet their objectives.

- **Measures should relate to available data.** Is the data needed to measure outcomes collected in the community? For example, data measuring dropout rates among pregnant eighth graders may not be available. If not, partners should use other measures or develop new information collection efforts.
- **Partners should collect data over a sufficiently long period of time.** Complex intergenerational and interdisciplinary interventions may take months or even years to show effect. Premature evaluations can set the best program up for failure, waste money, and generate flawed information about what interventions do and do not accomplish.
- **Partners should avoid establishing measures with perverse incentives.** For example, the pressure of attempting to meet high job placement rates during an employment downturn can force staff to concentrate their efforts on individuals who are the easiest to place rather than on those who most need and would benefit from services. Similarly, setting overly high passing rates on competency or achievement tests as measures of performance can lead some teachers to prepare students for the test. These perverse incentives can create significant drift away from the intentions of the original program.

Measuring changes in outcomes for children and families typically is accomplished by comparing measures at intake with measures taken at followup points. This tells how people are doing after they receive services and usually is sufficient to establish accountability and a correlation between service and outcome. However, more sophisticated evaluation procedures are necessary to show that new service patterns *caused* the resulting change. These procedures are usually costly and inevitably

Putting Information to Work: Outcomes Evaluation and Data Management

In St. Louis, a preliminary evaluation helped the partners in Walbridge Caring Communities realize that they needed to establish a data management system to provide ongoing information on the families they served. While the evaluators found that the information collected by staff at Walbridge Caring Communities was detailed and copious, the information was difficult to access. Records were in individual files, and school records were not computerized. The inaccessibility of data was an obstacle to collecting the ongoing data necessary to keep the initiative moving toward its three goals: improving children's school progress, avoiding their placement in foster care, and keeping children out of the criminal justice system. Tracking progress toward these goals became even more important because Walbridge Caring Communities was about to expand to other sites. According to Susan Philliber, a senior partner with Philliber Research Associates (PRA), focusing on outcomes was an essential element of maintaining the integrity of the initiative as it was replicated.

In 1992, PRA began working with Walbridge Caring Communities' partners to design a permanent and workable data system. The firm developed a standard intake form. The partners in the collaborative sought agreements to allow computer linkups with schools and the social service and criminal justice systems to track school progress, referrals, and criminal activity.

will raise a variety of sampling and measurement problems.

Most collaboratives will need technical assistance to develop an evaluation design that balances cost, time, and methodological considerations. Although the technologies and data needed to measure improved outcomes for children and families are only partially in place, partners can develop creative strategies to design effective evaluations. Partners should take advantage of the increasing activity and experimentation in this area to design their own efforts.[5]

Milestone: Reflecting and Celebrating

Stage Four activities require action and analysis. Partners should reflect to ensure that the prototype service delivery and the ongoing work of the collaborative are continually fine-tuned and concentrated on the goals of a profamily system.

- What are the lessons of implementation that should be captured for the future?
- Are there aspects of the prototype—staff training, outreach strategies, or approaches to cultural sensitivity—that should be incorporated into ongoing agency operations?
- What does the evaluation reveal about the collaborative? How can partners respond to the lessons that are emerging?
- Is the collaborative ready to try to expand its vision of a profamily system into other locations?

Partners also should take time to celebrate. Even if implementation is not complete, the opening of a service delivery prototype is an exciting event and an opportunity to help the community understand and buy into the collaborative's goals. As partners complete preliminary evaluation reports and annual updates of the community's progress based on indicators of child and family well-being, they should publicly release the reports, even negative ones. An effective collaborative should educate the public about the needs of children and families to let the public know what schools and human service agencies need to do their jobs better and to hold partners accountable for improving outcomes. A demonstrated willingness to accept this responsibility can be an effective way for a collaborative to convey its message and earn credibility in the community.

Landmines To Avoid

- Refusing to consider candidates with nontraditional backgrounds for staff positions.
- Expecting staff to engage in "break-the-mold" service delivery without innovative, intensive, and ongoing training and supervision.
- Overlooking the need to clarify supervisory relationships in the case of outstationed frontline workers.
- Not anticipating and exploring insider/outsider issues in school-based initiatives.
- Shortchanging outreach efforts or relying on communication channels that do not reach families that need services the most.
- Conducting an outcome evaluation before the initiative begins to run smoothly or using overly ambitious outcome measures that set up the initiative for failure.
- Not defining a process within the collaborative for resolving implementation issues as they arise.

Stage Five

Going to Scale

"It's not mere replication of models we're after; it's replication on the needed scale, and that means systems change. If we are to provide truly responsive, truly effective services for much larger numbers, we must go from moving models to moving mountains."[1]

Lisbeth Schorr

Major Milestones

Partners **ADAPT AND EXPAND THE PROTOTYPE TO ADDITIONAL SITES** so that its profamily policies and practices eventually can affect the entire community.

Partners **DEVELOP A POOL OF COLLABORATIVE LEADERS, MANAGERS, AND SERVICE DELIVERY PERSONNEL** able to implement and staff profamily initiatives.

Collaboratives should work to **CHANGE UNDERGRADUATE- AND GRADUATE-LEVEL TRAINING IN COLLEGES AND UNIVERSITIES.**

The collaborative strives to **DEEPEN THE COLLABORATIVE CULTURE** of partner organizations.

Partners **DEVISE A LONG-RANGE FINANCING STRATEGY** to use existing resources more efficiently and to generate permanent resources for restructured services.

The collaborative **BUILDS A FORMAL GOVERNANCE STRUCTURE.**

Partners **BUILD AND MAINTAIN A COMMUNITY CONSTITUENCY** by implementing a social marketing strategy to communicate the collaborative's profamily vision.

The collaborative **PROMOTES CHANGES IN THE FEDERAL ROLE.**

Partners continue to **REFLECT** and **CELEBRATE** as they go to scale.

"Going to scale" is a frequently used but not yet well-defined term in the collaborative arena. For the purposes of this guide, going to scale means implementing service delivery strategies that reflect the principles of a profamily system of education and human services in every part of a jurisdiction in which they are needed. As yet, no jurisdictions have gone to scale or developed an explicit strategy for achieving that end. The collaborative movement, however, is still in its infancy, and such an outcome should not be expected at this point.

It is important, though, for collaboratives to recognize some of the ingredients that will be required to go to scale in the future. The milestones in Stage Five identify some of these ingredients.

Milestone: Adapting and Expanding the Prototype to Additional Sites

> *"We must take advantage of the momentum for change that collaboratives build by designing more and more prototypes even as we learn from our experiences."*
>
> Martin J. Blank
> Institute for Educational Leadership

Service delivery prototypes enable collaboratives to develop the knowledge and capacity necessary to accomplish comprehensive systems change. In Stage Five, the challenge is to adapt and expand successful prototypes to create a system able to identify and meet the needs of every child and every family.

As the collaborative moves to parlay its credibility and experience into larger efforts, it is likely to encounter stiff resistance. It is one thing to launch a prototype, but to advocate changing the whole system to reflect the collaborative's principles and practices is something else. At this juncture, the risk of projectitis will be greatest. Collaboratives may be tempted to avoid renewed resistance by continually fine-tuning the prototype instead of using their momentum to push forward fundamental change. Partners must, however, hold fast to their vision and their shared commitment to "move the mountain" of systems change. Persistence at this point will yield deeper and wider changes in service delivery.

Partners should recognize the need to move quickly to plan expansion sites. In San Diego, California, and Flint, Michigan, for example, partners began planning expansion before completing the final outcome evaluations described in Stage Four. Rather than waiting the 2 to 3 years necessary to obtain formal results,

Going to Scale in Charlotte

In Charlotte, North Carolina, Cities in Schools (CIS) began discussions with Charlotte School Superintendent John Murphy to move its initiative into all the district schools. CIS is a national organization that brings partner agencies and other providers together to offer services at school sites in collaboration with school personnel. In Charlotte, CIS has put together service teams at eight schools. Murphy and Charlotte's CIS Director, Cynthia Marshall, are working out an agreement to expand services to 13 additional schools each year until every school has a service team.

Murphy wants to make CIS the channel for all outside services that come into the schools. Thus, CIS would coordinate and solicit outside resources for at-risk children, serving as the single broker of services for Charlotte public schools. At the same time, an interagency committee that included the county, city, school district, and other interested parties would begin reviewing children's services in the Charlotte area and considering a proposal to expand several service models, including CIS. The potential for moving CIS to scale in Charlotte-Mecklenburg County is emerging gradually.

collaboratives should act on the continuing feedback of formal and informal evaluations that suggest they are moving in the right direction. In doing so, these collaboratives will not be ignoring evaluation; they will be capitalizing on the momentum for change using the best information available to help them.

In the process of expanding, the collaborative should remember that *each new site needs to repeat a process similar to the one carried out for the original prototype site.* This process is vital to gain the personal commitment of new players and create the shared vision of change in every new setting. Although the political process of building trust and ownership should not be rushed, the expansion sites should develop faster because the technical tools needed for the effort—data collection and data match methods, information-sharing techniques, and a basic implementation plan—will already exist. Of course, new participants will need to understand and adapt each technical tool to meet their particular neighborhood's needs.

Milestone: Developing a Pool of Collaborative Leaders, Managers, and Service Delivery Personnel

> *"Collaborative leadership requires developing a new notion of power and learning that the more power and control we share, the more we have to use."*
>
> Richard "Jake" Jacobsen
> New Beginnings

As partners begin to plan additional service delivery sites, they also must continue to expand the pool of agency executives, managers, and line staff able to implement a profamily strategy. These collaborative leaders should be able to:

- Work with people possessing various perspectives in different systems,
- Communicate across organizational boundaries and with every part of the community,
- Build commitment to a shared vision,
- Creatively confront tough issues,
- Nurture leadership in others,
- Appreciate cultural differences, and
- Deal constructively with the tension created by diversity.

Systems change demands leaders who can hold fast to a collaborative's vision, battle bureaucracies, share power, and provide consistent direction. Effective leaders compromise when necessary but know when to hold their ground until others come around. To secure a collaborative's goals, they overcome the fear of failure, embarrassment, and the unknown to find the courage to change. Finally, collaborative leaders are passionate because, "It is passion that fuels will, and will that leads to action."[2]

Often, direct participation in joint efforts is the best way to expand the pool of collaborative leaders. Leaders develop as partners make the shift from a competitive approach to the win-win approach that is characteristic of successful collaboration. Leadership also develops as partners press themselves and each other to take risks.

Staff at all levels must develop a commitment to the goals of a profamily system and develop the skills and behaviors to provide services that are comprehensive; preventive; family centered and family driven; integrated; developmental; flexible; sensitive to racial, cultural, and gender differences; and outcomes oriented. This can be challenging, especially when staff find new approaches to service delivery at odds with their experience and training. Partners should make special efforts to promote leadership and the professional development of staff who come from the same backgrounds as the at-risk children and families they serve. For example, hiring practices within partner agencies can be used to promote ethnic and racial diversity.

Collaboratives can foster the professional development of promising entry-level staff by pairing them with capable and experienced staff, providing release time for further study, and using other incentives. As part of their efforts to integrate services, partners also must find ways to develop leadership potential among at-risk young people while they are still in school. Efforts to encourage young people to participate actively in their communities, to help them pursue advanced education, and to encourage them to use their talents at home should begin when students are in the middle grades and continue throughout postsecondary training.

Collaboratives also can create new forms of inservice training and leadership development. The Youth Futures Authority in Savannah-Chatham County, Georgia, plans to start a leadership academy for professionals from different sectors. Cities in Schools established a leadership development program with Lehigh University that trains personnel at all levels of a collaborative. In Kansas City, the Coalition for Positive Family Relationships serves as a vehicle for a capacity-building effort that allows agencies and groups to grow professionally. Mid-level managers in New Jersey and Virginia participate in the Collaborative Leaders Program organized by the Institute for Educational Leadership.[3] Finally, the Georgia Academy for Children and Families is developing a competency-based curriculum on collaboration. Efforts such as these, as well as the incorporation of collaborative leadership principles and strategies into established agency staff development programs, will build leaders who think and act differently and who have the skills to make systems change a reality.

Milestone: Changing Undergraduate- and Graduate-Level Training in Colleges and Universities

> *"The best service integration efforts won't change the system if the universities keep teaching it wrong."*[4]
>
> Sidney L. Gardner
> California State University, Fullerton

If interagency collaborative strategies are to be expanded, then colleges and universities must redesign preservice training. An increasing number of colleges and universities recognize this need and are trying to expose students to interprofessional activities while continuing to train them in their chosen fields.[5] These institutions recognize that part of the reason for today's fragmented system—where children and families are at times less important than agencies, programs, and disciplines—lies with the way in which institutions of higher education prepare professionals. They "accept the responsibility for changing coursework and practical experience so that students learn to put the needs of families ahead of the demands of agencies, programs, or disciplines."[6] Advocates of interprofessional education[7] do not necessarily seek to replace specialization with a purely generalist outlook on practice. Instead, they seek to build better bridges among disciplines so practitioners schooled in these disciplines can reinforce and support each other in meeting the needs of children and families.

Interdisciplinary activities do not necessarily require elaborate changes in course sequence or design. Progress can be made, for example, simply by having fieldwork supervisors in several disciplines agree to run a series of joint practicum seminars. These seminars would allow social work interns, student teachers, student nurses, and others to understand different perspectives and to consider how closer ties with interdisciplinary colleagues could enhance their own work with children and families. Although still not a fully interdisciplinary curriculum, these opportunities for discussion and exploration can be influential learning opportunities, especially before attitudes are hardened by years in the field.

Reorienting existing courses and seminars to broader themes of collaboration is likely to be more effective than adding new ones. If interprofessional education is merely additive, it produces the same fragmentation now found in the service systems as new programs are added on top of old ones. An example of a university effort to provide more coherent education for future teachers, nurses, social workers, and other service professionals is described above.

Identifying and using exemplary service settings as learning laboratories is another means to shape attitudes and to teach the skills and behaviors necessary to deliver high-quality services.[9] Key staff could be designated and partially supported as "faculty" to demonstrate effective practices and work one-to-one with interns and visiting observers. According to Douglas W. Nelson of the Annie E. Casey Foundation, training in service centers should not be just tacked onto academic coursework. It "needs to be more consciously developed and embraced as a core strategic component of all local and state efforts to expand genuinely family-centered responses to the needs of children."[10]

Training for Interprofessional Collaboration at the University of Washington

The deans of the Schools of Education, Public Affairs, Public Health and Community Medicine, Social Work, and Nursing at the University of Washington are committed to building a collaborative approach into the core curricula of their schools through the Training for Interprofessional Collaboration (TIC) initiative. This commitment is demonstrated by the financial and substantive support given to involve faculty and the commitment of the University Provost in fostering collaboration among professional schools.

The TIC initiative operates on the "belief and understanding that interprofessional collaboration in human service delivery is an interactive process through which individuals and organizations with diverse expertise and resources join forces to plan, generate, and execute designs for solutions to mutually identified problems related to the welfare of families and children."[8]

TIC is working to:

- Provide experience, guidance, and role models of collaboration to 15-50 students each year in the Schools of Education, Public Affairs, Public Health and Community Medicine, Social Work, and Nursing;
- Provide inservice training to practitioners at service delivery sites;
- Develop preservice and inservice curricula; and
- Analyze the roles and competencies required for interprofessional service delivery.

Milestone: Deepening the Collaborative Culture

> *"The greatest challenge is to get people to . . . think collaboratively. A new collaborative mindset must be developed in the midst of all the governance structures floating around."*
>
> Argelio "Ben" Perez
> Lansing School District

To realize the vision of change, the cultures of all the institutions and agencies in the collaborative must change. Collaboration must become a fundamental part of each agency's mission and approach. Beyond the efforts to change attitudes and develop leaders, several other steps are necessary.

Applying the Vision

Leaders begin to change organizational attitudes and cultures by applying the collaborative's profamily vision wherever possible within their own organizations. For example, partners can incorporate discussion of the elements of a profamily vision into staff development sessions and management seminars. They also can use the collaborative's vision as a framework for explaining their organization's objectives and activities. Partners also can use job descriptions created for the prototypes to guide the writing of job descriptions at their own agencies.

Leaders attempting to apply the vision may encounter tension between the collaborative's goals and those of their own agency. Persistent efforts will be necessary to maintain their credibility in both settings and to align gradually the vision of the parent organization with that of the collaborative.

Recognizing Others

Leaders committed to collaboration also should find ways to reward staff who devote time and energy to the collaborative. Although traditional private-sector incentives such as salary increases or bonuses may not be available, other incentives exist. Leaders can use job titles, office location, or permission to represent the organization at conferences or other events to give visibility and support to people working on a collaborative's initiatives. When promotions are available, leaders can recognize staff members who have proven their ability to work in collaboration with others. Of course, leaders should give rewards within the context of promoting their entire organization's well-being. Creating a two-tiered operation within an organization could cause resentment and damage future plans for collaborative work.

Milestone: Designing a Long-Range Fiscal Strategy

> *"Fiscal strategies must be driven by a new vision of the service delivery system we are trying to create."*
>
> Frank Farrow
> Center for the Study of Social Policy

If partners intend to expand prototype service delivery throughout the system at the scale needed to reach large numbers of children and families, they need to develop permanent, long-range funding. The basic approaches outlined in Stage Three—redirection of current funding as well as refinancing and reinvestment strategies designed to maximize local, state, and federal funds—are likely to be the major financing vehicles.

Planning a financial strategy of this kind, however, is complex. It will require technical assistance, political expertise, and close cooperation from state agencies that administer major programs for children and families. (See the Bibliography at the end of this guide for references on planning financial strategies.)

The following guidelines raise issues that partners should bear in mind as they begin to develop their own plan.

- **Partners should not plan a fiscal strategy until they decide on the patterns of service delivery the collaborative intends to create.** Simply finding ways to generate new money will not cause systems change unless a plan exists defining how to use additional revenue to improve service delivery. A financial strategy should be the means to implement a service delivery design rather than an end in itself.
- **Partners should use the least complicated strategy possible to accomplish the collaborative's objectives.** (See Stage Three.) Financial strategies range from job redefinition and personnel redeployment efforts at the local level to decategorization and refinancing initiatives that may require policy changes or new legislation at the state level. The latter approaches require substantial skill, time, and political support to achieve. Collaboratives eventually will want to mix strategies, but they should first choose those that are easiest to implement and provide some stability while long-range strategies are evaluated and put into action.
- **Refinancing strategies should not increase the risk of audit exceptions or federal financial penalties.** Partners should explore the proposed strategy's potential for misuse of federal funds. States especially will be alert to this concern. This should be made an explicit consideration to ensure that inappropriate strategies are not launched and to assure state officials that an intended strategy can work at no risk to them.
- **The benefits of any financial strategy should clearly outweigh the difficulties of implementation and ongoing administration.** Generating new sources of revenue can bring ongoing administrative costs. Some federal cost accounting and reimbursement procedures can be burdensome. For example, labor-intensive documentation may be necessary to avoid accountability risks. When administrative costs outweigh the benefits of newly secured money, partners should develop a different strategy.
- **Monies freed up by refinancing strategies should be reinvested to advance a strategic plan to improve services, not used to offset deficits.** If a fiscal strategy is to improve outcomes for children and families, a commitment must be negotiated in advance that new dollars generated by a refinancing strategy *must be reinvested* in services to children and families. This agreement must be sufficiently strong to withstand increasing pressures to use these funds to prevent cuts in other areas.[11]

Several states and localities are developing financing strategies. A concern for out-of-home placements drove Tennessee's refinancing efforts, but state officials quickly realized that they needed to restructure the state's entire children and family services system. Given budgetary constraints, increasing the state's use of federal entitlement funds as a source of funding for new service delivery components was essential. Analysis revealed that the state could gain approximately $18 million in new funds through Medicaid and Title IV-E Child Welfare funding. In addition, the state wants to use the Early Periodic Screening, Diagnosis, and Treatment program (EPSDT, a part of Medicaid) as a source of support for

Major Funding Strategies for School-Linked Services

Education:

- **Chapter I** is the largest federal elementary and secondary education program. It serves educationally disadvantaged children and can support a range of education-related activities. State education agencies allocate Chapter I funds to local school districts.
- **Individuals With Disabilities Education Act (P.L. 101-476)** authorizes federal funding to states to ensure that children with one or more of 13 specified disabilities receive a free appropriate public education, including necessary related services. Part H (P.L. 102-119) of this act provides financial assistance to states to develop and implement a statewide, comprehensive, coordinated, multidisciplinary interagency program of early intervention services for infants and toddlers with disabilities and their families. This program operates through state lead agencies designated by the Governor.

Health:

- **Medicaid, Title XIX of the Social Security Act,** is a federal entitlement program administered by states to provide health care to the poor. States have a good deal of leeway in determining eligibility. Although all Medicaid states must provide core mandated services, they may choose to provide up to 31 optional benefits. Case management, for example, is an optional benefit offered in many states that school-linked initiatives could use.
- **Early Periodic, Screening, Diagnosis, and Treatment Service (EPSDT)** for children under 21 years of age is a mandated Medicaid service. Programs must provide outreach and case management services and may target high-risk populations. Basic benefits include health screening, vision, dental, hearing, and other necessary health care services. Pediatricians typically shy away from EPSDT because of the heavy paperwork and low reimbursement rates. However, free screenings, immunizations, and treatment of common childhood conditions can be provided at a school site and reimbursed through EPSDT, if the services to be provided all meet the conditions of the program.
- **Title V of the Social Security Act Maternal and Child Health Block Grant** is a revenue source that consolidates seven programs for mothers and children. Funds generally flow through local health departments, but a collaborative could use the funds to implement its strategy to integrate services.

Social Services:

- **Title IV-E of the Social Security Act** provides federal reimbursement for costs associated with out-of-home placement and foster care for children eligible for Aid to Families With Dependent Children (AFDC). Three funding streams for maintenance costs, administration, and training create opportunities for covering a variety of state and local costs. In 1980, Title IV-E was ruled able to cover costs of some efforts to prevent out-of-home placement. Depending on each state's plans, states can fund summer camps, transportation, and day care for children in foster-care homes. Case management also is allowable. State matching requirements vary according to a federally established formula.

Major Funding Strategies for School-linked Services (Continued)

- **The Family Support Act of 1988 (FSA)** has a JOBS component that provides education and training to several targeted groups of parents receiving AFDC to help them become self supporting. School-linked services such as adult education courses, child care, and case management could be reimbursed under JOBS.
- **Title XX Social Services Block Grant** is the major federal funding source for general social services. It supports an array of services for children and families as well as services to the elderly. Most services that a collaborative would want to offer in an integrated service initiative would be eligible for funding under Title XX.
- **The Child Care Development Block Grant** began in 1991. It is the first large-scale, direct federal support for child care. The At-Risk Child Care Program offers similar services. Collaboratives can use these funds for child care services for families at the prototype service delivery site.
- **The Alcohol, Drug Abuse, and Mental Health Block Grant** offers prevention, education, counseling, and treatment services. This program operates through designated state agencies, and it can provide a range of services desired in a prototype design.

preventive services through local health clinics.[12]

A collaborative in Contra Costa County, California, took a hard look at multiple agency budgets. Expanding and institutionalizing home-based services to keep families intact was its goal. A partnership of social services, mental health, juvenile justice, and the schools jointly reexamined federal entitlements and estimated that they could gain $5 million annually in new funds by claiming all allowable Medicaid and child welfare funds. The county was able to obtain a waiver from the state allowing it to claim some of these funds, and efforts are ongoing to pursue other claims.

In Maryland, the state legislature freed up some funding streams. The Governor's Office of Children, Youth, and Families and the Department of Human Resources allow local jurisdictions to use out-of-home care funds for inhome services if a local plan for effective use of the funds is approved at the state level. The legislature also permits local governments to retain 75 percent of any money saved from efficiently combining services and redirecting funds.[13]

States and localities can get help to finance integrating education and human services. The summary on pages 84-85 describes key federal sources.

Milestone: Building a Formal Governance Structure[14]

> *"The political ownership of the local governing entity within the community is as important as the functions it conducts."*[15]
>
> Center for the Study of Social Policy

If a collaborative is to permanently change the way an entire community responds to children and families, it must command widespread respect and support for its goals. Key child- and family-serving institutions must have a stake in the collaborative and see it as a means to improve their ability to serve children and families.

A collaborative also must win the respect of the broader community. Only when the collaborative has established itself as a legitimate force will other advocates, policymakers, and service providers come to it as a forum for finding better ways to help children and families. In the final analysis, a collaborative's moral authority and legitimacy as a decisionmaking forum comes from its demonstrated ability to act on behalf of children and families.

An effective governance structure is necessary to ensure that the collaborative can take a leadership role. In Stage Five, partners should reexamine their governance structure in light of the following questions. A collaborative that can answer "yes" to each of them is in a strong position to integrate the elements of profamily service delivery in the education and human service systems.

- Does the collaborative have the authority to make decisions that cut across the education, human service, social service, health, juvenile justice, mental health, child welfare, and other service domains?
- Does the collaborative have a sufficient mandate from the local and state levels to perform its role in planning and implementing service delivery-level and systems-level changes?
- Can the collaborative facilitate new patterns of funding and decisionmaking, new forms of frontline practice, and new requirements for sharing client information and program performance data?

In many cases, a collaborative arriving at Stage Five represents the interests of many different sectors in the community, but it does so without any legal authority. This structure may work effectively in the short run. Eventually, however, partners need to determine if the collaborative has established a sufficiently formal and stable structure to ensure that its activities will continue.

One way to institutionalize a collaborative is to conduct its operations under the auspices of city, county, or state government. This approach has advantages and disadvantages. On the positive side, it establishes legal authority, public credibility, and the support of the governing administration. It also provides a "political home" for the collaborative. On the negative side, the politics of local government can sometimes consume a collaborative's energy and divert its goals.

Another option is to create a totally new legal entity. Such an entity might take different organizational forms. It could be a public-private intermediary chartered as a hybrid of a public agency and a nonprofit organization or a newly established nonprofit entity whose charter is to carry out the governing functions. A new entity has the advantage of beginning with a new mission that is "less likely to be confused with that of existing governmental bodies. From the start, it can establish its new purpose, new way of operating, and perhaps most importantly, its independence from existing special interests among current services. The disadvantages involve the sheer administrative difficulty of starting any new organization."[16]

As with many other aspects of this complex process, there is no clear-cut formula for building a permanent governance structure. Local collaboratives will have to learn from their own experience, build networks that enable them to learn from the experience of others, and share their experience by writing and speaking about their governance approaches.

Milestone: Building and Maintaining a Community Constituency

> *"Belief systems can be altered by posing the right information in the right context."*[17]
>
> Paul Aaron and Andrew Hahn

To produce communitywide change, the collaborative must communicate its profamily vision well beyond the boundaries of education and human service institutions. It must convince a wide audience that it is essential to rethink how a community uses its resources to support children and families, and it must provide a forum in which decisions can be made about how to improve services and outcomes for children and families.

The technologies and skills necessary to engage the interest of the community in child and family issues and to shape an agenda that reflects the collaborative's goals and objectives already exist in the corporate and political worlds. However, these skills are rudimentary, at best, throughout the nonprofit and public-service sectors. In the past, education and human service providers, especially those supported by public monies, have not had to develop constituencies or meet the demands of consumers to continue receiving funds. The need for a new approach to child and family services mandates that efforts to integrate services have community support. Collaboratives need to use the media and market their visions. Partners should remember that "good ideas don't speak for themselves."[18] For the collaborative's vision to have an impact, partners need to present it so that the community hears a clear message and sees its value.

The Basics of Social Marketing

Social marketing, like marketing in the private sector, involves designing a needed and wanted product and promoting the product to those who will support and use it.[19] The product in this case will be a vision of high-quality service delivery and the successful children and families it will create. Promoting this vision and the goals and objectives it entails begins in the early stages of forming the collaborative and occurs simultaneously within each partner organization. Eventually, however, the collaborative must take its message directly to the community. To do this effectively, the collaborative needs a long-range strategy designed to:

- Increase public awareness of the collaborative's existence;
- Build legitimacy for its decisionmaking role; and
- Expand public support for its goals and objectives.

A committee charged with identifying the issues, exploring options, and making specific recommendations to the larger group can handle this sizeable responsibility. The committee should include partners with experience in using the media or in developing social marketing campaigns and partners with specific skills in advertising; public relations; and radio, television, or print media. It also should include partners who represent key target constituencies (investors and potential consumers) that marketing strategies hope to reach. Groups also should consider finding technical assistance to complement the expertise found in the collaborative.

Orchestrating Social Campaigns

The collaborative's capacity to capture the interest of the media and that of the public rests largely on its ability to select compelling data and package it in easy-to-understand and easy-to-remember formats. Partners need to select data carefully. The data must highlight specific changes in the policy or practices of child- and family-serving institutions that are necessary to advance the collaborative's goals and objectives.

In an analysis of campaigns to mobilize community support on behalf of children and families in several cities, Paul Aaron and Andrew Hahn wrote, "Knowledge is a strategic asset that requires careful management."[20] Partners must make strategic choices to ensure that the data put before the public in social campaigns make the case for change. Producing knowledge and accumulating research is not enough. Statistics must be packaged to give meaning. Data should illustrate personal stories and show where and how changes need to be made to improve outcomes for children and families. According to Aaron and Hahn, campaigns launched to change community attitudes toward children and families and to create a more responsive social agenda are similar in some key respects to antismoking campaigns or efforts to encourage voluntary recycling. The rules of persuasion necessary to develop a constituency and to gain momentum are similar in all three cases. Thus, successful initiatives:

- Are self-consciously committed to advocating new attitudes and new agenda. They are not impartial.
- Are opportunistic, flexible, and entrepreneurial. They capitalize on unexpected events and turn local, state, and national news to their own advantage.
- Employ facts to frame issues. Knowledge is used rather than accumulated.
- Repeat their message as often and in as many ways as possible.

Milestone: Promoting Changes in the Federal Role

> *"The federal government can lead best by example, beginning by developing a coherent national strategy to support families and their children."*[21]
>
> Governors' Task Force on Children

Research has shown that federal requirements that must be met in the delivery of children and family services often restrict the ability of states to organize funding and service delivery in a consistent and efficient fashion.[22] Fundamentally changing the federal system of services, however, will be a massive undertaking, especially given the complex political, social, and cultural dynamics that created the system in the first place. The system evolved gradually in response to many specific child and family issues, and it will not be changed easily or quickly. Even so, the federal government can take actions to foster more responsive service delivery for children and families at the local level. Collaboratives can do several things to foster such action.

First, the federal government can perform many of the roles that were identified for the states in Stage One: spreading a vision of profamily service delivery; coordinating policies, regulations, and data collection; streamlining counterproductive regulations; exploring innovative financing opportunities; creating incentives for states and localities to collaborate; developing training and technical assistance; encouraging networking among collaboratives; and supporting research and evaluation. Some of these roles are now being pursued. The collaboration by the U.S. Department of Education and the U.S. Department of Health and Human Services (HHS) to support the creation of this guide is one such example. Other departments have formed inter- and intra-agency commissions and work groups to address service delivery issues.

Second, the federal government can waive specific regulations to make service delivery more responsive for children and families. Both the U.S. Department of Education and HHS are exploring innovations in this arena. Because fewer HHS regulations are required by legislative statute, it is more flexible in this regard than the U.S. Department of Education. Collaboratives seeking service delivery changes should work with their states to push innovative ideas through the waiver process.

Third, collaboratives can work to ensure effective implementation of existing federal policy that promotes more integrated and comprehensive services. One such example of more responsive federal policy is the direct certification provision of the Child Nutrition Amendments of 1989 discussed in Stage Three. This provision simplifies eligibility determination for school breakfast, lunch, and milk programs and increases access to these vital services. Unfortunately, this provision is being implemented very slowly across the country. Another example of federal support of more effective services is found in the Chapter I program that provides supplementary educational services to educationally deprived students. Federal provisions allow local education agencies to designate schools in which more than 75 percent of the population is eligible for Chapter I services as "Chapter I Schools." A Chapter I school can use these funds flexibly to serve every child in the school. The U.S. Department of Education estimates that 8,000 schools could take advantage of this provision; so far, only about 2,100 have done so. Widespread implementation of Child Nutrition and Chapter I policies will require aggressive dissemination efforts at the federal and state levels and a willingness to work out the mechanics of change at the local level. In both instances, local collaboratives can use their influence to encourage school districts to implement these provisions.

Landmines To Avoid

- Spending valuable time refining an effective prototype instead of pushing forward to adapt and expand it to additional locations.
- Rushing the time needed to identify community leaders and build a strong foundation at each new site.
- Neglecting to create the opportunities necessary to nurture an expanding pool of leaders, managers, and staff.
- Not using the collaborative as a training ground for leaders willing to share power, take risks, and accept their share of the blame.
- Keeping the collaborative's vision separate from the day-to-day operation of each partner organization.
- Attempting to plan a long-range financing strategy without technical assistance and then deciding refinancing is not possible.

Ultimately, if a profamily system that responds to the needs of all American families is to be realized across the nation, changes in federal legislation and regulations as well as increases in the level of federal financial support probably will be necessary. U.S. Department of Education and DHHS officials are willing to consider more flexible guidelines and requirements and are working to identify ways to increase flexibility. Local collaboratives can play a significant role in pushing federal-level changes by alerting federal officials to the barriers they experience in service systems and describing how federal resources could be applied more creatively to meet the needs of children and families.

Local collaboratives also must help state and federal governments anticipate the increased demand for services that more responsive service delivery is likely to generate. A reduction in the number of children and families receiving services should not be the bottom line on which the federal government bases its support. Instead, local collaboratives should point to the expected shift from costly crisis-oriented service to preventive and support services and use cost avoidance as the rationale for continuing change at the federal level.

Milestone: Reflecting and Celebrating

By this point, partners should be familiar with the reflection process. It will be nearly second nature to stop, ask questions, address concerns, and make sure the collaborative is heading in the right direction. The staff at the various service delivery sites also should use the reflection process as an ongoing part of staff meetings and evaluations. Celebrations—either private or public—will allow collaborators and staff members to take time to congratulate themselves, use their successes to make a case to the community, reflect on the path to the present, and ponder future challenges in creating a profamily system.

One State's Emerging Strategy for Going to Scale

Dynamic initiatives take on new challenges and often expand the scope of their original efforts by expanding to new jurisdictions and adapting their efforts to new populations. Their successes build their reputations and cause them to be called upon to address new problems. A good example of this adaptive and expansive spirit can be found in the New Jersey School Based Services initiative.

Four years ago, the state of New Jersey decided to take human services into the schools. In a bid to save the growing number of youths who were falling through the cracks of a fragmented education and human service bureaucracy, the state Department of Human Services launched the School Based Youth Services Program (SBYSP) in the state's 30 poorest school systems. With the support of then-Governor Thomas Kean, the state allocated $6 million to the program and required interested localities to pay 25 percent of the cost of the programs. Localities had to show the support of a coalition of community groups, teachers, parents, businesses, public agencies, students, and school systems to apply for a grant. Applications had to be filed jointly by the school district and one or more local nonprofit or public agency(ies). Services were located at or near schools. Staff from health departments, social service agencies, and other providers all worked at the chosen site. All centers provided health care, mental health and family counseling, job training, substance abuse counseling, and recreation. "The idea is to wrap services around children, youth, and families that allow them to move forward and lead productive lives," says Edward Tetelman, director of legal and regulatory affairs in the Department of Human Services and head of the school-based programs.

Though it began under a Republican governor, the SBYSP continued to flourish under Democratic Governor James J. Florio. In 1990, it expanded to elementary and middle schools, bringing the total number of sites to 36. In 1991, it was 1 of 10 winners of the Innovations in State and Local Government Awards given by the Ford Foundation and Harvard University's John F. Kennedy School of Government. It also was used as a model in Kentucky and Iowa. The program had won accolades from teachers and school staff, who overwhelmingly reported improvement in school climate and said that the program helped them do their jobs. Individual schools reported successes as well. For example, in one high school, the suspension rate declined dramatically. Given the SBYSP's accomplishments, it made sense to try to expand the program, but budgets were tight and funding merely remained constant.

In late 1990, the state legislature developed the Quality of Education Act, a new funding formula that would have funneled millions more to New Jersey's poorest school systems. The new act seemed like a suitable source for expanding the SBYSP. Tetelman broached the idea with his boss, Commissioner Alan Gibbs of the Department of Human Services. Tetelman and Gibbs met with John Ellis, commissioner of the state Department of Education, and his staff.

Ellis supported the idea. The state Department of Education had long acknowledged that the success of schools was tied to factors outside schools. Yet, before the notion of using Quality Education Act dollars to expand SBYSP had gone much further, the legislature reversed itself. Though extra money was channeled to poor districts, it was a fraction of the original amount under discussion. The human service and education officials were left with no real source of new dollars, but they still believed that they needed to work together to make a difference to children and youth.

One State's Emerging Strategy for Going to Scale (Continued)

"My view was that there wasn't any money, so what we'd better do is work effectively together," says Larry Leverett, assistant commissioner for the Division of Urban Education in the New Jersey Department of Education. Leverett was not alone in thinking that collaboration was key to affecting the problems of children and families. Continuing discussions led to a meeting of officials from the state departments of Education, Human Services, Community Affairs, Health, Higher Education, Labor, and the state Commission on Employment and Training. "The basic concept," recalls Tetelman, "was how do we help families and children? How do we help families and children in those urban areas achieve better outcomes and improve their lives?"

The answer the group came up with was FamilyNet. FamilyNet is not a program. It was not created by legislation, and it has no budget. "FamilyNet," says Tetelman, "is a process." It began in January 1991 and, despite its lack of funds, has achieved concrete milestones. Most significantly, New Jersey now has an interagency collaborative that works on two levels, bringing about change in state systems to improve the delivery of services to children and families and serving as a matchmaker at the local level to build collaborations among education and human service agencies.

One of the outcomes of FamilyNet's efforts was a proposal to expand the SBYSP in certain localities. A bill being introduced in the legislature would expand the SBYSP to eight new sites in New Jersey's Atlantic County. Other outcomes have been the establishment of local FamilyNet teams and closer collaboration of state agencies on grant requests. A joint grant proposal this summer netted the state $5 million through the federal Community Service Act. New Jersey was one of only two states to be funded in all four categories under the act, and it received one of the largest awards. "In New Jersey, FamilyNet is the way we are doing business and the way we are doing business is more and more informal interagency collaboration at the highest level of state government reaching down to where the rubber meets the road," says Leverett.

FamilyNet's two tiers represent the top and the middle of the state bureaucracy. At one level is the Interagency Collaboration Committee (ICC), made up of high-level staff from an ever-increasing pool that includes the state Departments of Human Services, Education, Labor, Health, Higher Education, State, Community Affairs, Corrections, and Military and Veteran Affairs. Working under the ICC are three FamilyNet teams made up of staff contributed from four departments: Human Services, Education, Health, and Labor. The teams draw on personnel from other departments as necessary. Each team serves one region of the state and is charged with facilitating collaborations at the local level. Although the team members started out part time (each working 2 to 3 days a week), three departments have each allocated one full-time position to the task this year. The teams' efforts are concentrated in the 30 poorest districts.

The ICC meets twice a month, as do each of the FamilyNet teams. The teams meet once a month with the ICC as a whole, broaching issues and problems that may require institutional solutions. The ICC's goal is systemic reform. "There is universal agreement in New Jersey that systemic change is the only change that's going to make a difference," Leverett says. "That's our commitment. . . . The future of FamilyNet and its impact will be measured by the degree to which we can accomplish systemic change as opposed to isolated improvements in different districts."

One State's Emerging Strategy for Going to Scale (Continued)

Although the ICC has not yet achieved anything representing systemic change, it plans to. The group is adopting a statement of philosophy, seeking formal status either through legislation or an executive order, and prioritizing issues that it wishes to tackle. High on the list of priorities is an analysis of funding streams among the partner agencies. The ICC wants to analyze all funding channeled to youth and family services through each department, look at the eligibility criteria, and identify needed changes in state and federal laws. "Ultimately," says Tetelman, "we're looking at combining some funding, and then we actually will integrate it and distribute it in a different way to local people."

Though the ICC has yet to change institutions, it has brought about shifts on a smaller scale. For example, the ICC identified a state law that prevented school nurses from giving immunization shots as a barrier to accessible health services. As a result of ICC discussions, the state Board of Education changed the regulation in April.

FamilyNet's work on the local level began last May with a state-sponsored conference at Rider College in Trenton called "Schools and Communities Serving Children and Families." All 30 of the poorest districts as well as private and public service providers from their areas attended. In the afternoon, the attendees met by school district. School officials talked with social service providers about needs and goals. They ended with a commitment to meet again. The FamilyNet team attended the subsequent meetings, bringing people together, looking for resource persons and funding, and taking problems back to the ICC for solution.

A meeting with schools and service providers in Monmouth County, for example, yielded several results. An elementary school in Asbury Park decided to start its own FamilyNet team made up of social service and school personnel in the city. Members of the central region FamilyNet team helped the local team get off the ground. When the team decided to hold an AIDS education seminar in three languages—English, Creole, and Spanish—the team used its contacts to find a Creole speaker.

Meanwhile, the school system in the Monmouth County town of Keansburg was building a new school. The principal wanted to bring social services into the school. The central region FamilyNet team brought together the school and the Monmouth County Department of Social Services, which agreed to place a social worker at the school several hours each day. In Camden, New Jersey, the school district is working with the team to expand school-based youth services to a second high school. The district also is working closely with local nonprofit agencies to integrate services throughout the district.

All in all, some type of initiative is underway in seven of the nine poorest school districts in the central area. The state has had no money to put into local collaborations, and that has been a weakness in FamilyNet, believes Gloria Hancock of the New Jersey Department of Human Services. Nevertheless, Hancock says, "In terms of networking and bringing people together and getting social service providers and schools to have common goals, FamilyNet is key. It's getting people to bring their resources together."

Part III

Communities Moving Toward the Vision

This section contains four profiles of collaboratives operating community-based, school-linked service integration initiatives: Walbridge Caring Communities in St. Louis, Missouri; Lafayette Courts Family Development Center in Baltimore, Maryland; New Beginnings in San Diego, California; and the Youth Futures Authority in Savannah-Chatham County, Georgia. Each in its own distinctive way is moving toward the vision of the profamily system described in Part I by using the process outlined in Part II. Although none of them fully captures all the characteristics of an effective service integration initiative, each has made enormous strides in the 4 to 5 years that they have been functioning. Far from perfect, they are works in progress that offer lessons about collaboration.

In St. Louis, the story is about **Walbridge Caring Communities,** an effort created through the vision of state-level officials and implemented with flexibility and creativity at the neighborhood level in collaboration with an elementary school. This initiative gives credence to the importance of cultural awareness, personnel with nontraditional qualifications and expertise, and shared leadership. It also demonstrates the capacity of a unifying theme to help pull a community together and provide direction.

In Baltimore, the **Lafayette Courts Family Development Center** is an effort designed to meet the needs of residents in a public housing project. The story shows how the clout of a citywide consolidation of housing, urban development, and welfare reform programs was used to launch a service delivery prototype, and how the learning that resulted has infused state policy designs. It illustrates clearly that important initiatives for children and families do not have to be school based to be school linked.

In San Diego, the story focuses on **New Beginnings,** a joint effort of four local agencies to design and implement a service integration initiative with a clear focus on pursuing systems change. The lessons here are about the importance of commitment and vision and how agreements about roles and governance can help a collaborative avoid the landmines of implementation. Their experience describes one way to balance the tension between planning and action. It also points to some of the technical considerations and advantages of identifying available resources and sharing data from multiple agencies to help service delivery function more effectively.

Finally, in Savannah-Chatham County, the **Youth Futures Authority** profile shows how the group has recreated itself in midstream to become a better vehicle for fundamental change. Spurred by an opportunity for 5 years of significant financing, Savannah created a collaborative and established outcomes before they tackled other important planning stages. This profile demonstrates how a collaborative can use the experience of its shortcomings—top-down planning, quick implementation, lack of clear agreements between agencies, and an emphasis on fixing children rather than systems—to face tough problems and make mid-course corrections.

Successful Service Integration Initiatives

- Are school linked;
- Are rooted in the community and closely connected to state government;
- Use place-specific service delivery prototypes to create systems change;
- Are data driven;
- Are financially pragmatic;
- Use new forms of interprofessional preservice and inservice education, training, and leadership development;
- Use their influence to engage community members in making decisions about their social and economic well-being; and
- Balance the political and technical dimensions of systems change.

A Profamily System Is:

- Comprehensive;
- Preventive;
- Family centered and family driven;
- Integrated;
- Developmental;
- Flexible;
- Sensitive to race, culture, gender, and individuals with disabilities; and
- Outcomes oriented.

As readers move through these stories, it may be useful to bear in mind the elements of a profamily system and the characteristics of an effective service integration initiative. Both of these lists can be used as "screens" through which to filter the many important details of implementation in each of these efforts and to begin to discover the degree to which the core elements of change can indeed be found.

Walbridge Caring Communities
St. Louis, Missouri

A Friday night in May marked the third anniversary of Walbridge Caring Communities, the integrated service initiative at St. Louis' Walbridge Elementary School. The anniversary went unnoted. Khatib Waheed, the director, led the usual twice-monthly drug march. About 15 people picketed a neighborhood drug house while hecklers urged them to leave. At one point, a rock flew out of the darkness and struck Waheed on the hip. The drug march, with its gritty realities, was perhaps a fitting anniversary celebration for an effort that tries to encompass not only children and families, but also communities.

Based at the school and a nearby church in inner-city St. Louis, Walbridge Caring Communities brings an interdisciplinary staff of 22 to bear on the variety of problems of children and families. Its philosophy centers around the African proverb, "It takes a village to raise a child." The initiative's mission is to build a village in a neighborhood where many connections within and among families have been severed by drugs, poverty, alienation, and a host of other ills. The median income in the Walbridge community is $10,000. There is an enormous need for services. Although Walbridge Caring Communities provides a broad range of services, it is not just about delivering services; it is about strengthening values. Its core values on working with children are expressed in an African credo. The Nguzo Saba, or Seven Principles, are unity, self-determination, collective work and responsibility, cooperative economics, purpose, creativity, and faith. The Nguzo Saba give Walbridge Caring Communities its distinctive character. Some fundamental assumptions add to the initiative's distinctiveness: children live in families; families live in communities; therefore, to help children, one must help families and communities.

Thus, the director's job includes keeping track of complex funding sources and marching on crack houses. It includes planning an expansion of the Walbridge Caring Communities concept while answering late night calls from parents in crisis. For Waheed and his staff, many of whom are on 24-hour call, "There's no barrier," Waheed says. "There's no buffer. It's not like you come down, meet your client, and drive 12 miles away to document and record what you're doing. It's all right here." The initiative, however, started more than 200 miles away in the state capital, Jefferson City, with a handful of top Missouri bureaucrats.

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The year was 1988. The four directors of Missouri's human service departments sat at one of their periodic breakfast meetings, talking about common issues and throwing around ideas. The commissioner of the Department of Elementary and Secondary Education was there, along with the directors of the Departments of Social Services, Mental Health, and Health. The conversation centered around urban neighborhoods and their problems.

"In the urban settings . . . we all felt helpless and somewhat inadequate," recalls Keith Schafer, director of the Department of Mental Health. "We said, 'why don't we pick a school setting and offer our services, set up a community advisory board, hire a person they trust, and serve as partners, as opposed to telling them what they should be doing.'"

They pursued the idea in conversations with Jane Paine, a longtime consultant to the Danforth Foundation. The St. Louis-based foundation had been involved in other efforts with the state, and Paine was no stranger to the state officials. Her area of focus for years had been family support and early intervention efforts. In a matter of months, the elements of collaboration were in place. The partners agreed that foundation money would offer flexibility and could be used to leverage the considerable state resources already poured into human services. Families would be supported through a "seamless system" of services provided within the community. The state would allow communities to design their own initiatives. "Basically, we weren't going to tell them what to do and we weren't going to lay our culture on them," Schafer says. The goal was community ownership.

An ad hoc committee including the state directors and Paine was formed. Schafer served as the state's point person in the urban area, linking the program director to the other agencies. The Department of Elementary and Secondary Education served as the link for the rural site along the northeast border of the state. No detailed agreements were drawn up. In fact, the collaborative did not spend a lot of time on planning, wedging sessions here and there in between other commitments. "The greatest barrier to me has been time," says Paine.

The goals of the collaborative are to keep children in school while increasing their level of success at school, to keep children safely in their homes, to avoid the splitting up of families, and to keep children out of the juvenile justice system.

The new collaborative concentrated on finding the right director for the program. It searched for 6 months, with state directors making the trek to St. Louis to sit in on interviews. Paine recalls the group's interview with Waheed, then head of the community school program at Walbridge Elementary School. "As he walked out of the room, they looked at each other, and I said, 'Are you going to rewrite the job description to fit this man?'" Paine asked. "And they said, 'Yes.'" The partners waived a requirement that the director have a master's degree, which Waheed is currently working toward.

Hired in May 1989, Waheed involved school staff in developing 14 criteria for referring children to the Walbridge Caring Communities component, ranging from frequent tardiness to drug abuse. He also established a local advisory board that continues to provide direction through monthly meetings; it is made up of one-fourth each of parents, school staff, the partner institutions, and community leaders. They decided the initiative primarily would serve children and families from the elementary school, which has about 530 students in grades K through 5. Some services would extend to the neighborhood at large.

With Walbridge Elementary School Principal James Ewing and the community school coordinator, Waheed and a canvassing crew went door to door in the neighborhood. Residents were told about the initiative and asked for their input. Waheed followed up with two community meetings attended by about 75 people each. The community residents complained about crime, drugs, the need to get away from their children once in a while, the lack of healthy activities for teenagers, the need for parent education, and all-day care for young children. In subsequent interviews teachers brought up the need for remedial help for children. The initiative closely mirrors those needs as prioritized by the advisory board, including:

- Families First, an intensive intervention for families in crisis in which two therapists work with as few as two families at a time for up to 10 weeks;
- Case management, through which families are linked to social services and receive direct help such as helping families with parenting skills or tutoring their children;
- Day treatment, providing behavior therapy for children with problems;
- Substance abuse counseling, a program in which counselors work with families before, during, and after treatment, including a codependency group for children of drug abusers;
- Student assistance, which includes afterschool tutoring and classroom presentations on topics such as self-esteem and self-perception;
- Latchkey, offering a combination of recreational and academic activities before and after school;
- Youth center, offering Friday evening recreational and educational programs for children ranging from age 5 to 19 years;
- Parents As Teachers, an early screening and parent education program for families with children ranging from newborn to 3 years; and
- Health services, ranging from first aid to transportation to treatment facilities.

An Anti-Drug Task Force was formed in 1989 in the wake of two drug-related drive-by shootings in the neighborhood; it conducts drug marches twice a month. To provide a respite for parents, the initiative has a sleepover for children every quarter. A pre-employment training program was suspended because of the lack of jobs.

Before the services could come to be, the collaborative had to tackle a host of bureaucratic problems. An interagency team established in August 1989 and serving both Walbridge and the rural Caring Communities initiative in Knox and Schuyler counties is made up of mid-level staff from the partner agencies, which now include the St. Louis public schools. The team's job is, put simply, to cut through red tape. It meets monthly in the state capital with Waheed and the director of the rural site.

The first major challenge was funding. Walbridge Caring Communities' $616,000 budget this year includes staff and funding from six institutions—the four state agencies, the St. Louis public schools, and the Danforth Foundation. In the past 3 years Danforth has contributed $250,000 to the two sites, including $40,000 for evaluation. Walbridge Caring Communities' funding includes two federal grants with strings attached. Yet, Waheed needed flexibility to recruit local staff who might not meet rigid job descriptions but were culturally attuned to the people they would be serving. "It's important . . . that you get the kind of individual committed to this kind of work in this kind of community," Waheed says.

The collaborative solved the problem by passing state dollars through three local contracts: a state college, a private community mental health organization, and the St. Louis Health and Hospitals division. Most of Waheed's staff would be contract employees funded by the state but paid by the pass-through agencies. In agreeing to this structure, the state partners turned over their power and prerogatives to the community program. Their main avenue for input remained the interagency team and the Walbridge Caring Communities Advisory Board, which included representatives from the partner agencies.

Another bureaucratic obstacle stalled the opening of the latchkey program. Walbridge

Walbridge Caring Communities: A Parent's View

Octavia Anderson had just turned 31 when she hit rock bottom. She had three children, but the love of her life was cocaine. She had quit a couple of times. In March, she even went into detox to please her mother. She stayed clean for 45 days until she got blitzed to celebrate her birthday. She could not stop celebrating. She cashed her $342 welfare check and $260 in food stamps, gave her mother $90, and spent the rest on crack cocaine. The next day, her mom, Margaret Carr, put her out of the home they shared in St. Louis' Walbridge community. Octavia went back home a few days later, but she could not stop smoking.

Then, Bernice Trotter King, a substance abuse counselor with Walbridge Caring Communities, came to the rescue. Octavia's three children attended Walbridge Elementary School, and King had worked with Octavia on and off for over a year ever since her youngest child had started having trouble in kindergarten. When Durrell Anderson's teacher referred him to Walbridge Caring Communities, the first thing Director Khatib Waheed did was meet with Octavia.

Walbridge's approach is a family one. So, with Octavia's permission, Waheed put the children into tutoring, the latchkey program, behavior therapy, and a codependency group to help them deal with their mother's drug abuse. He also sent a case manager to Octavia's home. Eventually, Octavia got into counseling with Bernice King. Like many other Walbridge Caring Communities staff members, King was on call 24 hours a day. She had responded to Octavia's calls on weekends and at night. She visited Octavia in places that scared her. She had seen Octavia at her worst, and she had stuck around.

This time, it was Margaret Carr who called King. After years of caring for Octavia and her three children, Margaret was at her limit. She had watched Octavia go from marijuana to cocaine to crack. She had seen her daughter's marriage disintegrate and Octavia lose jobs because of her addiction. It seemed to keep getting worse, and finally, Margaret had seen enough. She told Octavia to get out. Mother and daughter were screaming at each other. King was the peacemaker.

"She said, 'Come on, let's go,'" Octavia remembers, "'cause your Momma don't want you here.' I was crying. And she said, 'I have a place I can take you.'" King drove Octavia to Archway Communities, Inc., a drug rehabilitation center. "When I walked through the Archway doors, I said, 'I'm through. I surrender,'" Octavia recalls. "I gave up all of my drinking, my drugs . . . all that insanity s—. I decided that's not the life for me."

Octavia celebrated her 32nd birthday sober. She attends Narcotics Anonymous and Alcoholics Anonymous meetings, and she has restored her relationship with her mother. "We get along 100 percent," she says. Her children still have behavior problems, and Octavia acknowledges they have been through a lot. "They suffered," she says. "I wouldn't want to take my kids through that no more."

Still, they are doing better. Durrell, for example, seems to be more aware there are people who care about him, believes Norma Jones, who taught him in kindergarten. "He didn't know that before," Jones says.

Caring Communities needed startup money rather than the usual reimbursements. After a full year of negotiation, the Department of Social Services agreed to provide initial funding for the latchkey program. It opened 6 months after Walbridge Caring Communities started.

Confidentiality, a frequent stumbling block for integrated service initiatives, was not an issue. In Missouri, a longstanding state law allows the sharing of normally confidential information among the members of an interdisciplinary team.

One sign of the initiative's impact is increased parent involvement at the elementary school. Principal James Ewing estimates that it has at least doubled at the school since Walbridge Caring Communities began; last year the school ran out of money for parent involvement plaques and certificates.

The response from parents reflects in part their integral role in Walbridge Caring Communities. Every referral begins with a conference that includes the child's parent, his or her teacher, Waheed, and the supervisors of the case management or Families First components. Parents agree to be served by the programs, and, based on the meeting, Waheed makes referrals to different components of the initiative. Both parents and teachers are asked to provide feedback by evaluating the services provided.

Teachers praise the program. Kindergarten teacher Norma Jones especially values the emphasis on prevention. "I like that we can call them in if we think there might be a problem," she says. "That frees us to do what we're there to do—to teach—and not necessarily do the social work type stuff we've been doing all these years."

Despite the model's success, replicating it and applying its lessons to institutional change pose an enormous challenge. The structure that supports Walbridge Caring Communities is complex, requiring accountability for six funding sources and a multiplicity of agencies, including the pass-through agencies. "Nobody wants to replicate what we have in terms of structure," says Paine of the Danforth Foundation. "What we're after is to find some way to integrate services and have a structure that is not an ad hoc structure from a state point of view." One possibility being explored is to contract with one third party, instead of several, to be responsible for coordinating and tracking funding.

Meanwhile, a local corporate group, Civic Progress, has pledged $250,000 for 3 years to expand the Walbridge Caring Communities model into two middle schools and three other elementary schools in St. Louis, forming two school clusters. The state is committed to providing the primary funding for it, notes Gary Stangler, director of the Department of Social Services. State officials, he says, are working out "details of how, when, where, and why."

The Civic Progress grant offers an opportunity to apply Walbridge Caring Communities' lessons to systemic reform. "What we're trying to do now is take the lessons from Walbridge Caring Communities and restructure the system to incorporate those principles," Stangler says. As an example, a variety of state agencies are working on a common assessment form that is in the draft stages.

As for Waheed, he believes institutional change will flow from Walbridge Caring Communities' successes, trickling upward through the system. "Systems are big monsters, and you don't change them overnight," he says. "To me, my old-fashioned way of looking at it is that as we begin to show a positive impact on the lives of these children and families, then people will be more receptive to making changes." After 3 years, Walbridge Caring Communities has shown that integrating services works. Waheed says, "Now, people will listen."

Lafayette Courts Family Development Center
Baltimore, Maryland

Three years ago, Shanae was living on the edge of an emotional and economic precipice. She was 19 and pregnant. She had planned to marry her baby's father, but he was killed on his way home from work, an innocent bystander in a drive-by shooting. The birth of her son pushed Shanae, who asks that her full name be withheld, into welfare. Then she heard about the Lafayette Courts Family Development Center (FDC). It operates out of the Baltimore housing project where Shanae lives with her mother. Over the course of the next 3 years, a case manager at the center helped Shanae turn her life around.

She got her General Equivalency Diploma (GED) through the FDC Learning Lab. Her son was enrolled in the FDC's child care center. Her case manager, Michael Layne, hooked her up with the city's job training programs.

In December 1990, she was off welfare. She framed the termination notice. In May 1991, she got the job she still holds as a clerk in Baltimore City Circuit Court. This year, Shanae, 22, and her mother plan to finally move out of Lafayette Courts.

Happy to leave the housing project, she still will miss the FDC and Layne. "A lot of times I wanted to quit because it seemed like I wasn't getting anywhere," Shanae remembers. "He kept me going and talked to me and kept me out there and said, 'You'll get out.' They [FDC] make a lot of difference in a lot of people's lives, they really do."

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Shanae's family was one of more than 700 who have joined the FDC since it opened in July 1987. FDC represented a brave new effort by the city of Baltimore, where a score of city agencies had rallied around the concept of pulling together their scattered services at one site that would serve families where they live. The initiative contributed to the eventual development of four similar centers statewide, including a second in Baltimore.

The true genesis of FDC goes back to 1984. That was when then-Mayor William Donald Schaefer consolidated public housing, community and urban development, employment and training, and welfare reform programs under one new public agency: the Neighborhood Progress Administration (NPA). The commissioner of NPA was Marion Pines, a longtime city official.

In early 1986, Pines was struck by the potential NPA offered for pulling fragments of funding into a complete whole. Residents of public housing were often the very people served by many of the programs funded through NPA. Yet, each portion of NPA worked independently of the others. "I realized that as far as public housing was concerned, I was really nothing more than a landlord," Pines recalls. "And then I had all of these developmental funding streams coming in, and none of them were talking to each other."

NPA handled federal dollars for job training and community development. Pines decided to combine these resources at a single delivery point with $1 million set aside in a federal Community Development Block Grant (CDBG) for a demonstration project. The idea was that after initial startup the effort would be supported through existing program dollars. The concept was simple: services must be comprehensive and focus on family development as a whole. Rather than create new programs, the strategy would bring existing services together at one site. The FDC, in essence, would be a single entry point to the maze of human and education services offered by the city.

Much of the maze was under the NPA umbrella, but other city agencies like health and education would have to be drawn in as well. Pines introduced the concept to fellow agency heads, most of them people who had sat at the same table at weekly mayoral cabinet meetings for the past 15 years. The collaboration that eventually took shape included the city Health Department, the Mayor's Office of Children and Youth, the city schools, the Departments of Recreation and Social Services, and representatives of public housing tenants.

"The way the process went, everybody was so on board with creating this center that the attitude was more, OK, what do we have to do to make this happen, rather than us begging and pleading and going from desk to desk," recalls Linda Harris, then a deputy commissioner under Pines and now head of the city's Office of Employment Development.

For the original demonstration site, the city chose Lafayette Courts, one of Baltimore's largest housing developments with more than 800 units and 2,400 residents. Residents were recruited to survey their neighbors about what services were needed. The two areas of priority emerged as education and child care.

Each partner agency contributed a high-level staff member to a planning committee to implement the project. This Family Development Center Advisory Board included representatives from the Lafayette Courts tenant council and a citywide tenant group. FDC's primary target groups were the households of pregnant teenagers, teen parents, and mothers on welfare. In addition to the community development dollars, FDC would draw on federal day care and Job Training Partnership Act (JTPA) funds and state and federal dollars provided through Maryland's Work Incentive (WIN) program. Subsequently, WIN money was supplanted by Job Opportunity and Basic Skills (JOBS) funding—called Project Independence in Maryland. Today, FDC has four basic funding sources: JTPA, JOBS, federal day care funds, and CDBG money. CDBG still anchors the program, accounting in fiscal year 1992 for $600,000 of the $900,000 budget for FDC.

The goals for FDC were general: fewer families on welfare, a greater proportion of families working, better preparation of children for kindergarten, increased graduation rates, and a drop in pregnancy and addiction. FDC's hub is a core staff of administrators and case managers, funded by CDBG money, who are responsible for coordinating and brokering services. They serve as the entry point for families who will be "members" of the center. As members, families draw on various aspects of FDC's offerings. Not all programs at FDC have eligibility requirements. For example, any member can use the drop-in center, a lounge with a television set, laundry and kitchen facilities, and a play area. There are no individual enrollments; when someone enrolls, they are enrolling their family and are encouraged to draw other family members into FDC programs.

The spokes around the hub are the programs offered onsite by "vendors"—providers who brought existing services to the site. The vendors work with the core staff but are accountable to their home agencies. For example, the health department is the vendor for the health clinic. The recreation department provides the before- and after-school program. The city housing agency is the vendor for day care.

The relationships between the core staff and the vendors are governed by the FDC Advisory Board. This group hammered out Memoranda of Agreement. For example, the team worked 3 months on an agreement with the Department of Social Services (DSS) to set aside 150 slots for day care, instead of adhering to a customary practice of reimbursing programs for each person enrolled on a first-come, first-served basis. DSS also agreed to have the process of certifying parents for day care begin at FDC. Families then followup with a visit to a nearby DSS office, according to James Massey, project director of FDC.

Once the initial planning period was over, the agencies delegated mid-level staff to take over the advisory board. The board still serves as a medium for discussion among the parts of the FDC and meets quarterly. The city converted nine apartment units into offices, but that was not enough. The city school system agreed to let FDC use three floors of Carrollton Elementary School rent-free. The school is located across the street from the center and was at risk of closing because of insufficient enrollment.

After 9 months of planning, the Lafayette Courts Family Development Center opened in July 1987. Three case managers link residents to services at the center and citywide. Onsite services focus largely on education, health, and child care. Parents have to be actively enrolled in education or training programs or be working for their children to be in day care. Today, FDC includes day care for children from newborn to 5 years; a before- and after-school program; a small, privately run Head Start program; pre-GED and GED classes; a computerized literacy lab; a drop-in center where families and youth can gather to chat, watch television, or do laundry; a youth group that meets weekly for workshops and field trips; and a health clinic that offers screenings, immunizations, and other services for ages up to 21 years.

The case managers also make referrals to other services provided by the partner agencies. In the case of job training, FDC members get priority in city programs under an informal agreement between the center and its supervisory organization, the Office of Employment Development. FDC's goal was to draw about 100 new families a year into the center. To date, 784 families have participated in programs. Case workers average 120-135 families. "I definitely feel we've made a difference," says Massey.

Though there has been no long-term evaluation of FDC, an initial one by the Johns Hopkins University Institute for Policy Studies found signs of success. After 2 years of operation, FDC members were far more likely to be in job training and education programs than their counterparts in a similar housing development. FDC members also reported feeling better about themselves and their lives. However, their short-term employment levels worsened, a factor attributed to greater participation in education programs.

The early evaluation also found that the center's design was flawed. Vendors exhibited a marginal commitment to FDC's organizational goals because they were accountable to their home agencies rather than to the FDC project director. Also, according to evaluators, there was a conflict between the core staff's need for flexibility to accommodate families' special situations and the vendors' insistence on following rules and regulations. Yet, Harris believes the autonomous structure is healthy and avoids unnecessary turf battles among agencies. "It becomes a question of how you identify integration," she says. "We sort of look at it as if you have a client and that client can get the service they need right there...then you've got the integration of service. The need for it all to be from an umbrella standpoint reporting to the same person...is what causes anxiety."

Nevertheless, FDC Director Massey has conducted several retreats to clarify the FDC mission for the vendors' staff members. "It's my job and my challenge to keep the focus...in all of what we attempt to do here," he says. "I'm the person in the position to be the coordinator."

Pines, now a senior fellow at the Johns Hopkins Institute for Policy Studies, laments the lack of a long-term evaluation. Even without proof that FDC has met its goal of making families more self-sufficient, Pines believes the initiative represents a step forward. At a minimum, she says, FDC has made human social services "more understandable and accessible."

FDC also has made a mark on Carrollton Elementary School, where Principal Harold Eason estimates parental involvement has more than doubled since the initiative began. FDC created more work for Eason, who now keeps his building open year-round instead of the usual 10 months. He meets monthly with the FDC vendors and Massey. He sits on the FDC Advisory Board and on the school's planning team, which sets policies and goals. Despite the extra administrative duties, however, Eason views FDC as an important part of the school. It has contributed to better student preparation, self-esteem, and performance. He says, "It definitely has an impact."

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As FDC ended its second year of operation, the idea of family-centered, one-stop shopping, human social service centers was taking root among a handful of state officials. In 1989, Jim Callahan, the executive director of what was then called the Governor's Employment and Training Council, was working on the concept of a family literacy center. He discussed his idea with Pines and others. Pines suggested broadening the idea. Why not develop comprehensive service initiatives similar to the Lafayette Courts FDC?

In September, Callahan took the idea of state-supported Family Investment Centers to Nancy Grasmick, the state's new special secretary for the Office of Children, Youth, and Families. The Governor had created the office to coordinate services for families and youth. Grasmick heads a special policymaking subcabinet of the education and human service branches of government. She was already focusing on family support through a number of statewide initiatives and liked the idea of Family Investment Centers.

The concept was fleshed out at a Policy Academy of the National Governors' Association. The team attending from Maryland included Grasmick, Callahan, and Pines. The discussion at the academy helped the Maryland team meld two previously conflicting schools of thought. One called for focusing on the self-sufficiency of adults. The other centered on saving children from their families. "We had tremendous fights," recalls Grasmick. The concept that finally emerged embraced both philosophies: combining support for adults with help for children.

The Governor's Employment and Training Council also had signed off on the idea. This was significant given that the Council included key players: the secretaries for human resources and economic and employment development, the state superintendent of schools, and the president of the Maryland Association of Service Delivery Areas (the local administrators of JTPA).

Maryland patched together money for the effort through JTPA, Project Independence, and a small pool of state and federal dollars for retraining dislocated workers. Since 1989, the state has disbursed some $1.7 million to set up four Family Investment Centers. The Lafayette Courts FDC is also considered a center, though it has not received state funding.

Local applicants were expected to pull together their own sources of money, but the state grants would provide startup dollars. By August 1990, Maryland had put together a Family Investment Center Management Team representing the partner agencies. The team developed a request for proposals (RFP) setting forth the parameters of the new centers. Chaired by Pines, the team includes representatives from four state agencies other than the Office of Children, Youth, and Families: the Departments of Economic and Employment Development, Human Resources, Health and Mental Hygiene, and Education. Also included are representatives from Friends of the Family, a private advocacy group that runs state Family Support Centers, and representatives from several localities interested in the concept.

The proposal that emerged drew on the Lafayette Courts model but went beyond it in stipulating a broad array of services: outreach, intake and assessment, brokering and coordination of family services, mandatory access to health services and substance abuse services, education, intake and enrollment for all employability development services, child development and parenting services, and housing counseling. The centers would offer comprehensive services onsite, coordination, and referral.

The state also called for a new planning process to integrate services for at-risk families; all localities needed a local planning and management team. It must be designated by the local chief elected official and, at a minimum, include representatives from business and labor; the local health, education, social service, and JTPA/JOBS agencies; community representatives; and a chair appointed by the local elected official.

The goal, according to the state RFP, was to promote "stable, functioning, self-sufficient" families. The focus is on all members of families. "As a result of the Family Investment Center, we have to say what happens to the adults impacts the children and what happens to the children impacts the adults, and there has to be the requisite effort on both sides," Grasmick says.

The first two centers were launched in 1990 with $350,000 each in Baltimore County and Frederick County. Two more centers opened the following year, one in Baltimore with $250,000 and another in a suburb near Washington, D.C. Initially, state officials had hoped to provide seed money for two new centers a year with localities picking up the tab after the first year. Local budget crises, however, made that idea impracticable. This year, Maryland continued funding the original centers rather than creating new ones.

Maryland has also won a one-time Ford Foundation grant of $125,000 to develop a management information system for the centers. In addition to help with funding, the state offers technical assistance through a part-time coordinator at the Governor's Employment and Training Council, now called the Governor's Work Force Investment Board.

Though Lafayette Courts is not state funded and thus is not bound by the state RFP, its representatives sit on the state management team and attend a twice-yearly staff development symposium for the five Family Investment Centers.

With a budget crisis, the state has no immediate plans to create new centers. It will try to continue funding existing ones and seek private money for an evaluation of them. An evaluation could bolster future requests for money. "We hope in the next year or whenever a window presents itself, we can go ahead and expand the network," Callahan says.

Despite budget uncertainties, Pines believes a new way of doing business is already taking root in Maryland. "What we have done is made agencies much more aware of the fact that they are serving the same client," Pines says. "We've created a climate in which agencies recognize that they can't do this stuff alone, and the focus has to be on the family."

New Beginnings
San Diego, California

Silvia Gonzalez's daughter, Liliana, turned 4 years old last year. She was ready to start preschool at Hamilton Elementary in inner-city San Diego. Silvia prepared to sign up Liliana for the federal free lunch program. She was resigned to the chore; it was just one part of the endless round of applications controlling access to the vital services Silvia relies upon. Instead, a letter came in the mail one day. Because Silvia was already in the Aid to Families with Dependent Children and/or food stamp program, the letter said, her children were automatically eligible for free school lunches. She just had to update the information. "I just wrote her name in and sent the letter back," says Silvia, 26. "It was like, oh, good!"

Silvia Gonzalez did not spend much time wondering about it, but the letter was one tangible sign of a concerted effort to remake San Diego's education and human service bureaucracies. The goal was to develop an integrated system that puts family needs before paperwork.

It began in 1988 when 26 high-ranking public officials from four local agencies met for lunch in a conference room at the San Diego County offices. They represented the city of San Diego, the county of San Diego, the San Diego City Schools, and the San Diego Community College District.

They all faced shrinking budgets and growing demand. Each was responsible for only a piece of families' problems, though they served many of the same families. They all agreed on one thing: the fragmented approach just was not working. Something entirely different was needed.

The result was New Beginnings. The four agencies would collaborate as partners in an effort to improve the lot of families. Later on, the San Diego Housing Commission became a fifth partner, and the University of California San Diego School of Medicine, San Diego Children's Hospital and Health Center, and the IBM Corporation joined in the effort. Instead of focusing on a specific problem such as educating children, the group agreed to focus on the family as a whole. The underlying assumption was that each problem was part of an interdependent mosaic. No problem could be solved without addressing the others. Therefore, no agency could be successful in isolation.

The collaborators spent 2 years on the planning, then in September 1991 a trio of portable classrooms sprouted at the edge of the concrete playground at Hamilton Elementary. A sign on the wall of one portable announced, "New Beginnings Center for Children and Families."

The center, a demonstration of the New Beginnings approach, is home to representatives from a score of agencies. The representatives are expected to leave behind their parochial origins and become family service advocates, brokering public services to meet the full range of a family's needs. They also provide some direct services like immunizations, school registration, and counseling. Instead of working side by side, they are expected to work together. Instead of limiting the scope of their work with families, they are encouraged to become more deeply involved, and instead of the usual porous, arms-length bureaucracies, the center provides something more like a bear hug.

Even as a 3-year evaluation of the Hamilton center begins, New Beginnings is expanding its approach into other schools and school systems. With the help of $400,000 over the next 3 years from the U.S. Department of Health and Human Services, new initiatives are underway in the Vista Unified School District in San Diego County and at several schools in the city of San Diego. Initial planning has begun on initiatives in two other school districts in the county. Each effort will draw most of its funding based on the amount of money partners are already spending in the area. Each will have its own distinct shape. Eventually, the partners hope their work will point to a new way for the city, the state, and even the country to do business.

It was the letter mailed to Silvia Gonzalez and others like her that suggested the deeper intent of New Beginnings. More than a center or a dozen centers, New Beginnings' goal is fundamental reform. The letter represented an institutional shift in two agencies—the schools and the county Department of Social Work—that agreed to operate as one. Human and bureaucratic boundaries had been overcome to make that letter possible. That is the mission of New Beginnings. A video describes it this way, "A tearing down of barriers, a giving up of turf, and a new way of doing business."

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The collaborative began with a telephone call. Richard "Jake" Jacobsen, then director of the county Department of Social Services, called Tom Payzant, superintendent of the San Diego City Schools. Jacobsen and a few county colleagues had been talking about the need to address the range of family problems collaboratively. Was Payzant interested? Payzant agreed to talk.

The conversation led to that initial meeting of 26 public officials at the county offices. The initial four agencies who would become partners were represented. Jacobsen highlighted the symbolism of the moment by paying attention to details such as lunch and time to get to know each other. Before the group disbanded, it lined up for a group photograph. Jacobsen later sent copies to all the participants. "It was kind of like you've come to our house and thank you for coming," Jacobsen recalls. These small gestures set the tone for the new collaboration. After that first session, the new partners took turns hosting the meetings.

As the collaborative got underway, that respectful, cordial approach was backed up with a sort of nonaggression treaty. "It was made clear that we weren't there to get into each other's pocketbooks or budgets," recalls Jeanne Jehl, administrator on special assignment for San Diego City Schools. New Beginnings was not about one agency helping another or seeking help. It was a partnership of equals. Thus, there would be no lead agency, although the school system agreed to serve as the fiscal agent in applying for and managing outside grants. Decisions were arrived at not through majority rule, but through consensus. The group opted for a deliberately personal, rather than official, approach that eschewed the conventions of votes and minutes and chaired meetings.

Expectations were agreed upon. Each agency's top executive committed to stay personally involved and maintained that pledge through 4 years of monthly meetings. Though top-level involvement was key to clout, the group agreed that staff at all levels of the agencies had to be involved as well. The nuts and bolts work of the new collaborative was driven by the New Beginnings Council, a group of mid- and high-level staff from each agency. In the planning stages, the council met weekly; now it meets twice a month. Elected officials were not forgotten. Though the partners agreed to buffer the new collaborative from the political fray, they were careful to keep their elected officials apprised of their work. The politicians signed off on the effort by approving the collaborative's statement of philosophy and governance agreement.

No minimum financial contribution was required. Each partner pledged, through the governance agreement, to contribute as they could in staff time, supplies, and services. Throughout the process, New Beginnings relied on grants from various foundations for startup costs. The Hamilton center, for example, is drawing $225,260 from grant dollars and $347,980 from institutional funding in 1991-1992. Ultimately, the goal would be to replace all grant contributions with money from the agencies' regular funding sources such as federal and state reimbursements. Another source of expansion funding may be the Healthy Start plan newly authorized by the California legislature to fund integrated services in elementary schools.

More than money, the group's main collateral was a set of shared philosophies and assumptions. Whether because of a coincidence of personalities and convictions, the egalitarian, mutually respectful tone, or both, this initial common ground proved surprisingly easy to establish. After 2 years of talking, the collaborative began to put in place the underpinnings for action—its statement of philosophy and its governance agreement. Both were approved unanimously by the elected boards of each of the partner agencies. This unanimity reflected how faithfully the drafters of the documents adhered to consensus views already established at meetings.

The statement of philosophy was basic: Families, as the primary caregivers, must be supported and strengthened. Only a system of integrated services involving all agencies can effectively provide that support. Early intervention—through prevention—is the best hope. This system of integrated services cannot be dependent on short-term funding, but must be supported by a fundamental restructuring of existing resources.

The emphasis on long-term funding was an important definition of New Beginnings. By substantially restricting itself to existing budgetary resources, New Beginnings was announcing its intention to attempt institutional change.

The collaborative also talked about goals and outcomes. Its aims are the improved health, social and emotional well-being, and school achievement of children; greater self-sufficiency and parental involvement in families; and a unified approach and philosophy among institutions that would lead to greater cost-efficiency and effectiveness.

When it came to actually attempting such change, however, the collaborative needed help. A supporter emerged, Theodore Lobman of the San Francisco-based Stuart Foundations, which already were funding a long-range planning initiative of the San Diego schools. The topic of New Beginnings came up in a casual conversation with school officials. Lobman eventually offered the consulting skills of Sidney Gardner, an expert on service integration. Gardner played the "designated-devil role," asking the hard questions on issues such as target group selection, confidentiality, common eligibility, and institutional funding that helped to push the collaborative ahead. Eventually, the collaborative decided to develop a preventive program targeted at elementary school children and their families. They wanted to study the feasibility of providing services from many agencies at or near a school site. The study also would provide crucial information to enable large-scale changes in the partner institutions.

The 1990 feasibility study, funded with $45,000 from the Stuart Foundations, looked at Hamilton Elementary because it suffered the highest mobility rate in the city. It was in a high-crime, impoverished neighborhood threaded with canyons that shielded drug deals. The 1,300 multi-ethnic students spoke 20 to 30 different languages.

With the study came the first test of commitment among the partners. Each agreed to concrete in-kind contributions amounting to $217,000 for the study.

The study also documented a key assumption of the partners. By sharing their databases, with information coded to protect families' privacy, the partners discovered just how many clients they had in common. For example, 63 percent of the families of Hamilton students were served by at least one program operated by the participating agencies, while 16 percent were clients of at least four programs.

Most importantly, the study provided a basis for reallocating existing dollars to the Hamilton project because it showed just how much money agencies were already spending on Hamilton families. The county Department of Social Services was spending $5.7 million a year on them through one program or another. Though most of that money represented direct benefits, $500,000 was going toward administrative costs.

As the collaborative prepared for a demonstration center incorporating the study's findings, it also was working on institutional shifts that went far beyond the Hamilton project. The matching of data from the welfare program and the free and reduced lunch programs in San Diego, which produced the letter Silvia Gonzalez received, was one major example. This common eligibility was made possible by a new provision in federal law—one that the county of San Diego lobbied for along with its partner agencies.

Rather than create special exceptions to accommodate the goals of the Hamilton center, the collaborative sought to reconfigure bureaucracies based on those goals. An example is the extended team, a concept that continues to be a work in progress. The partners agreed that to make bureaucracies family centered, they had to reduce the number of people a family turns to in seeking help. Rather than assigning a large geographical area to an army of lineworkers, as is typically the case, New Beginnings wanted to align smaller units of workers with specific neighborhoods. These workers would remain in their home agencies but comprise an extended team collaborating with agency workers and others in the field.

However, large-scale implementation of the concept requires detailed interagency agreements spelling out workers' roles and the information they are able to share. "What's different here is we absolutely refuse to cut special deals," says Connie Roberts, deputy director of the San Diego County Department of Social Services (DSS). The group is working on developing those agreements. So far, DSS has implemented the extended team concept in its Income Maintenance section, which determines eligibility for welfare benefits. A unit of six or seven eligibility workers who report to one supervisor are now responsible for the majority of welfare cases in Hamilton. Previously, such cases may have been referred to any of some 250-300 workers.

On a smaller scale, the collaborative succeeded in introducing a parent-involvement unit into the Greater Avenues to Independence (GAIN) program—the federally funded job training program for welfare recipients. Participants in GAIN learned, for example, how to conduct parent-teacher conferences. It was an important instance, Jacobsen believes, of one institution directly reinforcing the objectives of another.

New Beginnings also took on the knotty issue of confidentiality. In a report called "Tackling the Confidentiality Barrier," the group discovered that procedures, not law, are the major barrier to information-sharing among agencies. It seemed like a breakthrough.

Although the report clarifies the theoretical potential in the area of information-sharing, practical barriers persist. Workers at the Hamilton center still find that they are denied access to basic information such as a family's address by a partner agency. To solve those issues, the collaborative plans to provide additional training, documents, and releases for center workers. "It's more how to share than what to share," says Jehl. For example, a lot of information can be exchanged verbally, but not in writing. The collaborative also is developing a release that families would sign to allow the sharing of confidential information among the partner agencies.

Confidentiality is not the only area in which theory conflicts with practice. At the Hamilton center, five family service advocates, the center administrator, the school, and various other partners are running into other barriers ranging from the personal to the bureaucratic. To help address these problems, they have formed the School/Center Task Force, a group of center workers and school employees, including teachers. One problem that the task force tackled early on involved duplication between the center and the school. The school had a consultation team that jointly assessed the needs of children with special problems. The center's interdisciplinary team of family service advocates served a similar function. The task force's solution was to combine the two groups into one.

Perhaps the greatest challenge has been building a team out of disparate elements. "We're really melding a new role," says Center Coordinator Irma Castro, speaking of the family service advocates. "Here we're saying 'you have to look at the family'...and they're saying 'but that isn't my area'...and we're saying, 'but you have to look at it.'"

The new role also involved building connections with school staff. After months of working together, the potential synergy of the partnership is slowly beginning to become apparent. "What I'm beginning to feel is more of an extended family feeling on our school site," says resource teacher Sally Skartvedt. "As we get to know each other, we feel more confidence and trust in each other and respect for each other's professionalism...it translates into more effective caring for the child."

For Hamilton Elementary School Principal Carrie Peery, the collaborative has made more work, but it has been worth it. When she goes to meetings with fellow principals now, she feels they are lost in a maze that she now has the key to. Thanks to training provided through the collaboration, she knows what is out there to help families. Gone is the familiar feeling of impotence. "Before, we felt the child was going into a big black hole out there," she says. "Now we have some hope for some solutions."

Some of the barriers faced by center staff are inevitable. Big bureaucracies are slow to change. "There's an inconsistency in the amount of information people possess within the partner agencies," Castro says. "We can have one person who has lots of information about what we do and somebody who doesn't even know we exist. We're talking about some very large agencies."

In fact, 4 years after that first meeting, the partners who created New Beginnings have surmounted many of the critical challenges of collaboration. However, now that they have come together, stayed together, established common ground, and initiated the first attempts at change, they face the challenge of making it all work.

Youth Futures Authority Savannah-Chatham County, Georgia

Arthur A. "Don" Mendonsa was worried about escalating teen pregnancy in his city of Savannah. City manager for well over a decade, Mendonsa thought the city needed to develop some kind of community-based approach to the problem. He was talking it over with Alderman Otis S. Johnson one Friday afternoon. The following Monday, Mendonsa received a letter that had just arrived in the Mayor's office.

The letter was from the Greenwich, Connecticut, Annie E. Casey Foundation. The foundation invited Savannah to apply for a 5-year, $10 million New Futures grant to tackle youth problems, including teen pregnancy, targeted toward middle- and high-school populations. Each city had to match the foundation dollars. There was no question that Savannah was interested. Mendonsa was charged with pulling together the cross-section of groups that would need to take part in the effort.

It was 1986. The city, Chatham County, the school system, the local United Way, business groups, and human service agencies came together to apply for the Casey grant. With a $20,000 planning grant from Casey, Savannah documented its problems and proposed a way of dealing with them. It was competing with nine other cities for the five available slots. The final proposal included a gloomy statistical picture of Savannah's youth. For example, 1 of 10 black high-school-aged girls became pregnant in 1986.

The grim statistics helped marshal support for another element of the grant application—local funding. Casey required that $2.5 million of the required $10 million match had to come in new money. Savannah went one step further. The city, county, school board, and state each pledged $2.5 million in new dollars over 5 years. Another $12 million came from in-kind contributions and reallocation of existing dollars. Savannah proposed a $32 million venture.

By early 1987, when the proposal was finally turned in, "We decided if we didn't get the $10 million, we would go forward on our own," Mendonsa recalls. "At this point nobody could back out and nobody wanted to back out, and it was in fact a collaborative."

Savannah got a Casey grant, and the Georgia legislature created the Savannah-Chatham County Youth Futures Authority (YFA) to manage the money. The YFA's 15 members represented the city, county, school board, and state; six were ex officio members. With the exception of the state, which funded only 80 percent of its annual $500,000 contribution, the partners delivered on their financial pledges despite tough budget times. YFA's mission was to develop a comprehensive plan for private and public agencies to deal with youth problems, help implement the plan, and contract with agencies to provide direct services under the plan. Johnson, the former alderman, was named the director. YFA would fund a variety of programs in four middle schools and four high schools. The goals were significant reductions in youth unemployment, teen pregnancy, the dropout rate, and the proportion of students in the lowest quartile on achievement tests.

Thanks to the $10 million from Casey, the institutions responsible for the well-being of youth in Chatham County and Savannah were all sitting at the same table for the first time in the city's memory. Would their collaboration extend beyond dividing up the money?

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YFA did not have much time to implement programs. Casey was interested in results, and Savannah had set ambitious goals for itself, such as a 32-percent decrease in the county pregnancy rate by 1993. This urgency led to what foundation officials now acknowledge was a quick-fix approach. Though it was March 1987 before Savannah learned about the grant, the first programs were to start in August. Offerings would include: case management; tutoring labs; counseling; afterschool and summer activities; summer jobs; a high-school health clinic; and a teenage pregnancy program with day care, nursing, and social services for teen mothers enrolled in educational institutions. While case managers dealt with youngsters' family-related problems, an interdisciplinary support team would offer direct services funded by YFA for their inschool problems.

Planning for the process was "top down." YFA Director Johnson admits it failed to include agency lineworkers and school principals. Worst of all, there was not time to plan. "We had to start implementing programs before we had operation manuals made out and clear lines of communication established," Johnson recalls. "It was chaos. . . . Most of us feel that we lost that first year of implementation, that it was wasted time."

In the rush toward implementation, broad interagency agreements were never developed. Although over time YFA contracted with specific member agencies for services, these were narrow arrangements that did not affect systems change. For example, YFA paid the salary of a mental health worker at the local community mental health agency who then gave priority to clients from the New Futures schools.

Once programs started, YFA case managers discovered they lacked clout in seeking services for their clients who had to establish eligibility and suffer long waiting lists just like everyone else. The foundation's evaluators, which reported yearly, were quick to point out that YFA's offerings did not represent institutional change, but were largely add-ons to existing structures. "They knew and we knew that those initial programs were not designed to bring about any kind of institutional change," Johnson says.

There were many successes with individual students. However, more than 2 years' worth of tracking by an elaborate management information system (MIS) proved disappointing. The MIS, set up by a Casey consultant, tracked systemwide data and data in the New Futures schools by race and sex. By and large, it revealed small or nonexistent improvements. In the four high schools, students' performance declined. YFA was spending $5.5 million a year on serving students at the eight New Futures schools, but the impact seemed modest at best. It was 1990. YFA was a little over 2 years old and having a mid-life crisis.

The tracking data confirmed that any initiative started in sixth grade was too late. A Casey Foundation consultant worked with the school system to extend data analysis as far back as kindergarten. The result was shocking. It showed that children, particularly black males, started failing as early as first grade, and this pattern continued to compound through subsequent years with no apparent intervention by the school system.

At the same time, all New Futures cities were charting a "second half" plan for the remainder of the 5-year initiative. Savannah decided to call its blueprint a "second phase" plan to signal the city's hope that YFA would outlive the New Futures grant. The plan would build on valuable lessons learned from early mistakes, and it was going to do it using the new data.

The partners began by launching a new planning process, this time working from the bottom up. In fall 1990, a community forum run by a Casey facilitator drew more than 100 representatives from the member institutions and the community. "We began to work on a common agenda," Johnson says.

The planning process included agency lineworkers, school principals, and the boards of member institutions; it took more than 6 months. It helped increase the "buy-in" among partner agencies, Johnson says, as did a YFA decision to expand its membership from 21 members to 32, including 9 ex officio members. New members included the president of United Way, one of the YFA funders; a member of the Savannah Commission on Children and Youth; and several representatives from the community.

The blueprint that emerged represented a turning point for YFA. It called for placing more emphasis on fixing systems, not fixing children. Its focus was on prevention, beginning in the early years, although some limited crisis intervention was deemed necessary. Phase Two called for school restructuring and for establishing a "continuum of care" delivered in neighborhood settings. Case management would focus on the family rather than the child alone, and the case managers, called Youth Advocates, would now become Family Advocates. In keeping with the emphasis on prevention, the initiative expanded to a ninth school, an elementary school. Using data from a citywide crime control study, YFA zeroed in on Savannah's most troubled neighborhoods as sites for new services and on three groups in those neighborhoods: pregnant teenagers, their children, and black males.

Implicit in Phase Two's focus on "fixing systems" was an acknowledgement that YFA needed to focus on institutional change rather than discrete programs. There were two targets for this change: the human services system and the school system. Its prototype for changing the way in which social services are delivered is the Family Resource Center, a one-stop-shopping place for health, social, and educational services. The first center, expected to open in fall 1992, is YFA's first foray into providing integrated services based on broad interagency collaborations.

Other centers will be funded primarily by YFA, the state Department of Family and Children Services, and Savannah's Memorial Hospital. Other agencies, including the county health department and the local community mental health organization, will help staff the centers. The participation of city schools is, as yet, uncertain. A multiagency task force is working on developing an interagency agreement, common intake forms, a management information system, and confidentiality agreements. "This will be our first real test of something beyond collocation," Johnson says.

When it comes to school reform, however, the road is rockier. Since YFA was established, Chatham County-Savannah schools have had three superintendents. Neither of the first two had "fire in the belly" when it came to YFA, says City Manager Mendonsa. "Without that top commitment, it isn't going to happen," Mendonsa says.

The new superintendent, Patrick Russo, has been more receptive. Russo is enthusiastic about YFA programs, particularly a Phase Two proposal to fund preschool services in churches in the city's most troubled neighborhoods. Along with school board members, Russo sits on the

YFA Board and places a high priority on attending its meetings because, "It's that important of a program for us." Both Johnson and Russo indicate that they have had no problems working together. Nonetheless, there is an inherent conflict between YFA and the school system. YFA's second phase plan calls for it to function as a catalyst for school reform, but Russo is developing his own plan for school restructuring. An Education Review Task Force proposed by YFA to analyze what has been done and needs to be done for school reform was vetoed by Russo. "He told me he's supposed to run the schools and that's what he's going to do," Johnson says of Russo's decision. The school superintendent explains that he sees YFA's role as evaluating its own initiatives. The school board must lead the way in restructuring the schools in cooperation with YFA and the community. Russo says, "There can't be fragmentation relative to evaluation and direction of the school system. The board sets the goals, not the superintendent and the Youth Futures Authority. . . . There can't be five different leaders." Johnson says that YFA "will continue to try to be a partner," but, he adds, "the future well-being of Savannah depends on meaningful school reform."

In attempting to influence the school system and other bureaucracies, YFA's most powerful tool has been its MIS. Data documenting the disproportionate and consistent failure rates of black males, for example, backed up YFA's call for a task force to look at the plight of the black male student. "You can't keep ignoring that data," Mendonsa says.

The relations between the school system and YFA point up the limitations of a collaboration that, at least initially, was shaped as much by circumstance as by collective will. "In Savannah, we were fortunate in that local leaders were at the point of feeling a need to address youth problems when our initiative was introduced," says Ira Cutler, associate director of the Casey Foundation and director of the New Futures initiative. "But, I think in any initiative, if the purpose of the group coming together is to attract a grant, that is not nearly as powerful or useful as people coming together to solve a problem."

"If that money hadn't been on the table, they wouldn't have come," Johnson says of the YFA partners. "It has been a blessing and a curse. People believe that with money you can solve all the problems, and that is simply not true. . . . This is a long-term venture, and it's going to take financial and personal commitment over a long period of time."

Without the money, though, Savannah might never have started on the long road Johnson hopes will lead to systemic change. Back in 1986, the city was not ready for talk of changing institutions. Over the years, however, the will has grown along with the know-how. Whether there is enough commitment to carry YFA beyond grants will be tested by the new Family Resource Centers, Johnson believes.

"It will give them the opportunity to buy-out or buy-in," Johnson says of the YFA partners. "The end of this fifth year will put a lot of them to the test. They're going to have to start doing things now they didn't have to do before in terms of redirecting funds and redirecting staff. If we have true Family Resource Centers, they're going to have to pool some funds. . . . They're going to have to retrain some staff."

That test comes in the final year of the Casey grant and is likely to determine the future not only of the resource centers but of YFA. Though Savannah has the option of spreading out its remaining Casey funding for 2 years beyond year 5, long-term initiatives will require institutional funding. Johnson believes the partner agencies are unlikely to maintain their current level of contribution, so dollars must be reallocated in new and better ways. As for its original "add-on" programs like tutoring and summer camp, YFA expects to stop funding them. Unless the school system, the city Recreation Department, or another agency incorporates those programs into its standing budget, the programs will die. YFA hopes to retain the case management system, the MIS, and its planning and administrative staff. YFA is looking at funding a part of the case management system through federal reimbursements.

Is the will there to continue YFA's work? Mendonsa is optimistic. "The business community and others have bought into it, so I think it'll be very hard for the community to walk away from it," he says. Johnson prophesies, "We will find out after the money is gone."

The Youth Futures Authority: A Parent's View

Harold and Terrence Beaver were on a dangerous road. The two brothers missed more than 50 days of school at Savannah's Hubert Middle School. Both had failed more than one grade. Both belonged to a youth gang. Both got into trouble with the law—Harold for auto theft and Terrence for shoplifting.

This year, Harold, 17, and Terrence, 15, made the honor roll. Harold missed only 4 days and Terrence 7 days of school. Though both are in seventh grade, each made up a grade by mid-year. Both have quit their gangs. Both plan to work through the summer.

Their Youth Advocate, Eloise Reeves, calls it a 180-degree turnaround. Their mother, Ethel Beaver, calls it a miracle. She attributes at least part of the metamorphosis to Reeves and the Youth Futures Authority (YFA). "I think that program is great," says Beaver, a single parent who works as a cashier at a Savannah convenience store. "Eloise went to bat for us. She stood behind those kids and said, 'I care what happens to you.'"

Hubert Middle School is one of five Youth Futures schools that receives the services of youth advocates through YFA. Reeves works with some 35 students year-round, meeting them weekly, connecting them with services, and serving as their ombudsman with the school. "I'm like a big sister nagging all the time," she says.

Through the program, Reeves has linked Harold and Terrence with afterschool tutoring, summer jobs, recreation programs, and a mentor—a volunteer fireman who owns a carwash. "I'm trying to keep them occupied," Reeves explains. Terrence now talks of becoming a lawyer; Harold still wants to be a professional football player. Both have a new attitude about life. "You know, when children know that people care about them, then they seem to want to care for themselves," Beaver says.

Appendix A

Checklist 1

Process for Crafting a Profamily System of Education and Human Services

	Yes	***No***	***Action Required***
Stage One: Getting Together			
■ Has a small group decided to act?			
■ Do the players meet the following criteria for membership in the collaborative: —clout; —commitment; and —diversity?			
■ Are the right people involved, including: —consumers; —public-sector organizations; —private providers and nonprofit organizations; —businesses and business organizations; and —elected officials?			
■ Have partners established a strong commitment to collaborate as evidenced by: —deciding whether collaboration will work; —agreeing on a unifying theme; —establishing shared leadership; —setting ground rules; and —securing financial resources for the collaborative's planning efforts?			
■ Have partners reflected on their work and celebrated their accomplishments?			
Stage Two: Building Trust and Ownership			
■ Has the collaborative built a base of common knowledge by: —learning about each other; —learning to value personal style differences and to resolve conflicts; and —achieving "small victories"?			

	Yes	No	Action Required
■ Has the collaborative conducted a comprehensive community assessment that: —identifies indicators of child and family needs; —produces a profile of child and family well-being in the community; —assesses the existing service delivery system from the perspective of families and frontline workers; —maps existing community services; and —identifies other community reform efforts?			
■ Have partners defined a shared vision and goals for changing education and human services by: —learning from others' experiences; —asking hard questions; and —writing a vision statement?			
■ Has the collaborative developed a mission statement that clarifies its role in the community as a decisionmaking body?			
■ Has the collaborative communicated its vision and mission to the community and received public endorsement from the community's major institutions?			
■ Have partners reflected on their work and celebrated their accomplishments?			

Stage Three: Developing a Strategic Plan

	Yes	No	Action Required
■ Has the collaborative narrowed its focus to a specific neighborhood for launching a service delivery prototype?			
■ Has the collaborative conducted a neighborhood analysis that: —identifies key neighborhood leaders who should be involved in prototype planning; and —assesses the service delivery system in the area?			
■ Has the collaborative defined the target outcomes that its prototype service delivery design will address?			
■ Has the collaborative engaged a person to direct the prototype and involved this person in the planning process?			
■ Has the collaborative developed a strategy for involving the neighborhood's leaders, school principals, teachers, and agency directors and frontline workers?			
■ In making service delivery choices, did the collaborative: —select what services the prototype would offer;			

Yes **No** **Action Required**

—develop criteria for assessing its prototype design;
—determine a service delivery location that is comfortable for the neighborhood children and families;
—consider a school location; and
—decide how to finance the prototype's services?

- Has the collaborative developed the technical tools of collaboration, including:
  —interagency case management;
  —common intake and assessment forms;
  —common eligibility determination;
  —a management information system; and
  —procedures for dealing with confidentiality and sharing oral and written information?
- Is a mechanism in place for using program-level intelligence to suggest system-level changes?
- Have partners signed interagency agreements to facilitate accountability?
- Has the collaborative defined its governance structure so it can make policy changes at the service delivery and system levels?
- Is a structure in place to help the prototype director deal with operational issues as they emerge?
- Have partners reflected on their work and celebrated their accomplishments?

Stage Four: Taking Action

- Do job descriptions for prototype staff reflect the collaborative's vision of high-quality service delivery and staff responsibility for achieving anticipated outcomes?
- Has the collaborative designed and implemented a comprehensive and interdisciplinary staff training program?
- Are mechanisms in place to facilitate communications and to nurture the relationship between prototype staff and school personnel?
- Is the collaborative implementing an inclusive outreach strategy?
- Have partners incorporated sensitivity to race, culture, and gender into the collaborative and prototype?
- Is the collaborative evaluating progress by:
  —using process evaluation techniques; and
  —measuring outcomes?

	Yes	No	Action Required
■ Have partners reflected on their work and celebrated their accomplishments?			
Stage Five: Going to Scale			
■ Is the collaborative ready to adapt and expand the prototype to additional sites?			
■ Is there a strategy for developing collaborative leaders and incorporating the concepts of collaboration into partners' professional development programs?			
■ Is the collaborative working with local colleges and universities to change the character of professional education to reflect the vision of a profamily system?			
■ Do inservice training programs include strategies and tactics for collaboration?			
■ Are partners working to deepen the collaborative culture within their own organizations by: —applying the collaborative's vision; and —providing rewards and incentives for staff that demonstrate a commitment to collaboration?			
■ Is the collaborative formulating a long-range financing strategy?			
■ Has the collaborative built a formal governance structure?			
■ Does the collaborative have a strategy for building and maintaining a community constituency for its work?			
■ Is the collaborative promoting change in the federal government's role in delivering services for children and families?			
■ Is the collaborative continuing to reflect and celebrate as it "climbs the mountain" of systems change?			

Checklist 2
Indicators of Systems Change

	Yes	No	Under Consideration	Rejected	Next Steps
Are interagency agreements in place?					
■ Are they reviewed periodically?					
■ Are agency agreements negotiated with the clear understanding that they are meant to be binding?					
■ Are policies in place to address agreements broken in "bad faith"?					
Do program-level information and intelligence trigger policy-level changes across multiple systems?					
■ Is there a case management system or other method for collecting information on a case-by-case basis to determine what services children and families need that are not available and what barriers prevent them from using services that are available, including transportation, cultural and interpersonal issues, and eligibility rules?					
■ Is there a person or committee designated to analyze this information, to identify those barriers that could be resolved by policy-level actions, and to summarize findings?					
■ Is there a procedure in place to ensure that the collaborative reviews this information? Has action been taken as a result?					
Have partners developed shared information systems?					
■ Is there ready access to each other's records?					
■ Are shared confidentiality protocols in place?					
■ When agencies implemented and expanded computer systems, did they take into account interagency access capabilities and information-sharing needs?					
■ Have agencies replaced separate in-house forms to gather the same kind of information with a common form used by all members or other organizations to establish program eligibility? Assess case management needs? Develop case plans?					

	Yes	**No**	**Under Consideration**	**Rejected**	**Next Steps**
Have partner agencies incorporated the vision and values of the collaborative at their administrative and staff levels?					
■ Have partners altered their hiring criteria, job descriptions, and preservice or inservice training to conform to a vision of comprehensive, accessible, culturally appropriate, family-centered, and outcome-oriented services?					
■ Have partners changed the design hours, and location of waiting rooms and interviewing offices, or revised the nature of services?					
■ Has there been cross-training to share factual information among all of the agencies working together to provide school-linked services?					
■ Have partners developed training to help staff consider the extent to which they are willing to let collaborative's goals and objectives influence their day-to-day interaction with each other and with children and families?					
■ Is there a change in the way teachers, principals, and service providers relate to each other? To their students? To others they serve?					
■ Are redirected staff assigned to work in school-linked centers keeping in touch with policies and agencies?					
■ Is there basic agreement on who they need to serve, what they should be doing, and what results they should expect?					
■ Are outcome goals clearly established?					
■ Has the collaborative used its data collection capacity to document how well children and families are faring in their communities and how well agencies and child-serving institutions are meeting their mandates?					
■ Are these data used strategically both within the collaborative and in the larger community to advance the collaborative's goals?					
■ Are outcomes measurable? Do they specify what degree of change is expected to occur in the lives of children and families during what period of time?					
■ Is shared accountability a part of outcomes that reflect education, human service, and community goals and objectives?					
■ Is public accountability established?					

	Yes	No	Under Consideration	Rejected	Next Steps
■ Are periodic community report cards released and public meetings and forums conducted to keep the public apprised of specific collaborative accomplishments and overall progress toward improving key indicators of community well-being?					
Has the collaborative devised a financing strategy to ensure long-term funding?					
■ Are plans in place to support new patterns of service delivery beyond the prototype level?					
■ Have partners drawn a financial resource map to identify major funding sources entering the community?					
■ Have partners contacted state liaisons to explore how current funding sources could be channeled and maximized to support prevention-oriented services?					
Has the collaborative gained legitimacy in the community as a key vehicle for addressing and resolving community issues regarding children and families?					
■ Does the collaborative have a voice that is heard in the community?					
■ Are the collaborative's positions on community issues supported by commitments from public and private service providers, the business community, and the church- and neighborhood-based organizations whose members are often most directly affected by collaborative decisionmaking?					

Appendix B

Directory of Key Contacts and Organizational Resources

Key Contacts

Coalition for Positive Family Relationships
Barb Friedman
Executive Director
Coalition for Positive Family Relationships
9225 Ward Parkway, Suite 106
Kansas City, MO 64114
(816) 333-1172
(816) 333-1776 fax

Family Net/New Jersey School-Based Youth Program
Edward H. Tetelman
Director
Office of Legal and Regulatory Affairs
Department of Human Services
CN 700
Trenton, NJ 08625
(609) 292-1617

Fort Worth Collaborative Leadership Development Program
Mya Coursey/T. Ware
Collaborative Leadership Development Program
NCNB
Box 24, 500 West 7th Street, Suite 100
Fort Worth, TX 76102
(817) 390-6629
(817) 338-0448 fax

Healthy Learners Project
Katharine Hooper Briar
Professor
Department of Social Work
Florida International University
North Miami Campus
Miami, FL 33181
(305) 940-5684

Jacqui Colyer
Project Coordinator
School-Based Integrated Services
Florida International University
North Miami Campus
Miami, FL 33181
(305) 940-5684

Lafayette Courts Family Development Center
Marion Pines
Senior Fellow
The Johns Hopkins University
Institute for Policy Studies
Shriver Hall
Baltimore, MD 21218
(410) 516-7169
(410) 516-8233 fax

Linda Harris
Director
Office of Employment Development
417 East Fayette Street, Suite 468
Baltimore, MD 21202
(410) 396-1910
(410) 752-6625 fax

James Massey
Project Director
Lafayette Courts Family Development Center
200 North Aisquith Street
Baltimore, MD 21202
(410) 396-9323

Ochoa-Mission View Coalition

Dr. Paul Heckman
Assistant Professor
University of Arizona

or

Jean Peacock
Program Coordinator
Project Success
1415 North Fremont
Tucson, AZ 85719
(602) 622-5719

Philadelphia Parent-Child Learning Project

Vivian L. Gadsden
Associate Director
National Center on Adult Literacy
Graduate School of Education
University of Pennsylvania
3700 Walnut Street, Room A-36
Philadelphia, PA 19104
(215) 898-8903
(215) 898-2100

San Diego New Beginnings

Jeanne Jehl
Administrator on Special Assignment
San Diego City Schools
4100 Normal Street, Room 2220
San Diego, CA 92103-2682
(619) 293-8371
(619) 293-8267 fax

Savannah-Chatham County Youth Futures Authority

Otis S. Johnson
Executive Director
Youth Futures Authority
128 Habersham Street
Savannah, GA 31404
(912) 651-6810
(912) 651-6814 fax

Smart Start

Libby Richards
Smart Start Program
Mott Children's Health Center
806 Tuuri Place
Flint, MI 48550
(313) 767-7419
(313) 768-7511 fax

Walbridge Caring Communities

Khatib Waheed
Director
Walbridge Caring Communities Program
5019 Alcott
St. Louis, MO 03120
(314) 261-8282
(314) 381-1290 fax

James Ewing
Principal
Walbridge Elementary School
4960 Maffitt Place
St. Louis, MO 63113
(314) 383-1829

Washington, D.C. Early Childhood Collaborative

Barbara Kamara
Director
Office of Early Childhood Development
609 H Street, NE, Suite 400
Washington, DC 20901
(202) 727-1839
(202) 727-1687 fax

Maurice Sykes
Director
Early Childhood Programs
D.C. Public Schools
415 12th Street, NW, Suite 415
Washington, DC 20004
(202) 724-4099
(202) 727-2983 fax

National Center for Services Integration

The National Center for Services Integration (NCSI) was established in late 1991 with funds from the U.S. Department of Health and Human Services and private foundations to improve life outcomes for children and families through the creative integration of education, health, and human services. The Center itself is a collaboration of six organizations: Mathtech, Inc., the Child and Family Policy Center, National Center for Children in Poverty, National Governors' Association, Policy Studies Associates, and the Yale Bush Center. It also receives guidance from distinguished advisors knowledgeable about the issues and institutions concerned with service integration.

The primary purpose of NCSI is to stimulate, guide, and actively support service integration efforts throughout the entire country. To accomplish its mission, NCSI has undertaken a variety of activities through its Information Clearinghouse on Service Integration and a Technical Assistance Network.

The Clearinghouse, which is operated by the National Center on Children in Poverty at Columbia University, collects and disseminates information and materials on service integration issues and related topics. They have developed a computer directory of service integration programs, a separate directory of organizations, and an extensive research library collection that can provide information and support to community-based programs. Individuals, organizations, and localities can access any of the Clearinghouse services by calling or writing:

Information Clearinghouse on Service Integration
National Center for Children in Poverty
154 Haven Avenue
New York, NY 10032
Tel: (212) 927-8793

The Technical Assistance Network, which is operated by Charles Bruner of the Child and Family Policy Center and Mathtech, brings together leading service integration planners, practitioners, administrators, and experts to exchange ideas and information, to develop written resource materials for communities and practitioners and to convene working groups composed of persons in the forefront of particular issues to develop strategies for successfully resolving some of the challenges facing communities and governmental entities involved in service integration efforts.

Some of the topics that are being examined and written about by members of the Network include the changing role of frontline workers, waivers, common sense evaluation, and getting started. In addition to expanding the pool of written materials and resources, the Network also will sponsor a variety of workshops and conferences on these and other key issues. Providing technical assistance by telephone and matching the capabilities of the Network providers with the technical assistance needs of communities is another function of the Network. For information, write or call:

National Center for Services Integration
Mathtech, Inc.
5111 Leesburg Pike, Suite 710
Falls Church, VA 22041

Office of Educational Research and Improvement Centers and Laboratories Regional Educational Laboratories

The Office of Educational Research and Improvement (OERI), U.S. Department of Education, helps educators and policymakers solve pressing education problems in their schools through a network of 10 regional educational laboratories. Using the best available information and the experiences and expertise of professionals, the laboratories identify solutions to education problems, try new approaches, furnish research results and publications, and provide training to teachers and administrators. As part of their individual regional programs, all laboratories pay particular attention to the needs of at-risk students and small rural schools. The 10 laboratories are:

Appalachia Educational Laboratory, Inc.

Region Served: Kentucky, Tennessee, Virginia, and West Virginia
Terry L. Eidell
Executive Director
1031 Quarrier Street
P.O. Box 1348
Charleston, WV 25325
(800) 624-9120 (outside West Virginia)
(800) 344-6646 (in West Virginia)
(304) 347-0400
(304) 347-0487 fax

Far West Laboratory for Educational Research and Development

Region Served: Arizona, California, Nevada, and Utah
Dean H. Nafziger
Executive Director
730 Harrison Street
San Francisco, CA 94107-1242
(415) 565-3000
(415) 565-3012 fax

Mid-continent Regional Educational Laboratory (McREL)

Region Served: Colorado, Kansas, Missouri, Nebraska, North Dakota, South Dakota, and Wyoming
C.L. Hutchins
Executive Director

Colorado Office:
2550 South Parker Road, Suite 500
Aurora, CO 80014
(303) 337-0990
(303) 337-3005 fax

Missouri Office:
3100 Broadway, Suite 209
Kansas City, MO 64111
(816) 756-2401
(816) 753-4565

North Central Regional Educational Laboratory

Region Served: Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, and Wisconsin
Jeri Nowakowski
Executive Director
1900 Spring Road, Suite 300
Oak Brook, IL 60521
(708) 571-4700
(708) 571-4716 fax

Northwest Regional Educational Laboratory

Region Served: Alaska, Idaho, Montana, Oregon, and Washington
Robert R. Rath
Executive Director
101 SW Main Street, Suite 500
Portland, OR 97204-3212
(503) 275-9500
(503) 275-9489 fax

Pacific Region Educational Laboratory (PREL)

Region Served: American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Hawaii, Republic of the Marshall Islands, and Republic of Palau
John W. Kofel
Executive Director
1164 Bishop Street, Suite 1409
Honolulu, HI 96813
(808) 532-1900
(808) 532-1922 fax

Regional Laboratory for Educational Improvement of the Northeast and Islands

Region Served: Connecticut, Maine, Massachusetts, New Hampshire, New York, Puerto Rico, Rhode Island, Vermont, and the Virgin Islands
David P. Crandall
Executive Director
300 Brickstone Square, Suite 900
Andover, MA 01810
(508) 470-0098
(508) 475-9220 fax

Research for Better Schools, Inc. (RBS)

Region Served: Delaware, Maryland, New Jersey, Pennsylvania, and the District of Columbia
John E. Hopkins
Executive Director
444 North Third Street
Philadelphia, PA 19123-4107
(215) 574-9300
(215) 574-0133

SouthEastern Regional Vision for Education (SERVE)

Region Served: Alabama, Florida, Georgia, Mississippi, North Carolina, and South Carolina
Roy H. Forbes
Executive Director
Headquarters:
UNC at Greensboro
P.O. Box 5367
Greensboro, NC 27435
(800) 755-3277
(919) 334-3211
(919) 334-3268

Field Offices:
SERVE, Florida
345 South Magnolia Drive, Suite D-23
Tallahassee, FL 32301-2950
(800) 352-6001
(904) 922-2300
(904) 922-2286 fax

SERVE, Georgia
41 Marietta Street, NW, Suite 1000
Atlanta, GA 30303
(800) 659-3204
(404) 577-7737
(404) 577-7812 fax

SERVE, Mississippi
Delta State University, Box 3121
Cleveland, MS 38733
(800) 326-4548
(601) 846-4400
(601) 846-4016 fax

Southwest Educational Development Laboratory

Region Served: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
Preston C. Kronkosky
Executive Director
211 East Seventh Street
Austin, TX 78701
(512) 476-6861
(512) 476-2286 fax

National Educational Research and Development Centers

To help strengthen student learning in the United States, OERI supports 25 university-based national educational research and development centers. The centers are conducting research on topics that will help policymakers, practitioners, and parents meet the national education goals by the year 2000. In addition to addressing specific topics, most also will focus on children at risk. Many are collaborating with other universities, and many work with elementary and secondary schools. All have been encouraged by OERI to make sure the information they produce reaches parents, teachers, and others who can use it to make meaningful changes in America's schools. Ten of the centers and their collaborating partners are:

Center on Families, Communities, Schools, and Children's Learning
Dr. Don Davies and Dr. Joyce Epstein
Codirectors
Boston University
605 Commonwealth Avenue
Boston, MA 02215
(617) 353-3309
Affiliated Organizations:
Institute for Responsive Education, Boston
Johns Hopkins University
University of Illinois at Urbana
Wheelock College, Boston
Yale University

Center on Organization and Restructuring of Schools
Dr. Fred M. Newmann
Director
Wisconsin Center for Education Research
University of Wisconsin at Madison
1025 West Johnson Street
Madison, WI 53706
(608) 263-7575
Affiliated Organizations:
University of Minnesota
Harvard University
University of Pennsylvania
Stanford University
University of Chicago

Center for Research on the Context of Secondary School Teaching (CERAS)
Dr. Milbrey W. McLaughlin
Director
CERAS
School of Education
Stanford University
Stanford, CA 94305-3084
(415) 723-4972
Affiliated Organization:
Michigan State University

Center for Research on Effective Schooling for Disadvantaged Students
Dr. Jomills H. Braddock II
Director
The Johns Hopkins University
3505 North Charles Street
Baltimore, MD 21218
(410) 516-0370
Affiliated Organizations:
University of California at Santa Barbara
Northern Arizona University
Teachers College, Columbia University
Council of Chief State School Officers, Washington, DC

National Center on Adult Literacy
Dr. Daniel Wagner
Director
Graduate School of Education
University of Pennsylvania
3700 Walnut Street
Philadelphia, PA 19104-6216
(215) 898-2100
Affiliated Organizations:
Center for Applied Linguistics, Washington, DC
City University of New York
Educational Testing Service, Princeton, NJ
Indiana University
The Johns Hopkins University
National Center for Family Literacy, Louisville, KY
Northwest Regional Laboratory, Portland, OR
University of California at Santa Barbara
University of Delaware

National Center for Education Leadership

Dr. Lee G. Bolman and Dr. Terrence E. Deal
Codirectors
Gutman Library
Harvard University
6 Appian Way
Cambridge, MA 02138-3704
(617) 495-3575
Affiliated Organizations:
Vanderbilt University
University of Chicago

National Center on the Educational Quality of the Workforce

Dr. Robert M. Zemsky and Dr. Peter Cappelli
Codirectors
Institute for Research on Higher Education
University of Pennsylvania
4200 Pine Street
Philadelphia, PA 19104-4090
(215) 898-4585
Affiliated Organizations:
Wharton School, University of Pennsylvania
Cornell University

National Center for School Leadership

Dr. Paul W. Thurston
Director
College of Education
University of Illinois at Urbana
1208 West Springfield Avenue
Urbana, IL 61801
(800) 356-0069
(217) 244-1122
Affiliated Organizations:
University of Michigan
Metritech, Inc., at Urbana, Illinois
Illinois State Board of Education

National Research Center on Cultural Diversity and Second Language Learning

Dr. Eugene Garcia and Dr. Barry McLaughlin
Codirectors
University of California at Santa Cruz
Kerr Hall
Santa Cruz, CA 95064
(408) 459-3501
Affiliated Organizations:
Linguistic Minority Research Project of the University of California
Center for Applied Linguistics, Washington, DC

National Research Center on Education in the Inner Cities

Dr. Margaret C. Wang
Director
Temple University
933 Ritter Hall Annex
13th Street and Cecil B. Moore Avenue
Philadelphia, PA 19122
(215) 787-3001
Affiliated Organizations:
University of Illinois at Chicago
University of Houston

National Organizations

American Academy of Pediatrics
Dr. James Strain
Executive Director
141 Northwest Point Boulevard
Elk Grove, IL 60009-0927
(708) 228-5005

Elizabeth J. Noyes
Director
Department of Government Liaison
1331 Pennsylvania Avenue, NW, Suite 721N
Washington, DC 20004-1703
(202) 662-7460

The AAP is dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults. The Academy has been an education and scientific catalyst to improve and strengthen the practice of pediatrics and the delivery of high-quality child health care. It conducts educational programs for child health professionals, encourages support of basic and applied research, and sponsors public information and child advocacy programs.

American Association of School Administrators (AASA)
Dr. Richard D. Miller
Executive Director
1801 North Moore Street
Arlington, VA 22209
(703) 528-0700

ASAA is the professional organization for over 18,000 educational leaders, including school superintendents around the world. Major activities of the association include: publications and audiovisual materials designed to increase the knowledge and skills of educational leaders, governmental relations, conventions, and minority affairs.

American Public Welfare Association (APWA)
Beverly Yanich
Associate Director
Bard Shollenberger
Director of Government Affairs
810 First Street, NE, Suite 500
Washington, DC 20002
(202) 682-0100

APWA works with the state human service departments, local public welfare agencies, and individuals concerned with public welfare policy and practice. APWA provides information and technical assistance to state and local officials and others on a variety of topics, including the Family Support Act of 1988, child welfare and family preservation, economic security, child support enforcement, food assistance programs, health and Medicaid, immigration policy, and family self-sufficiency.

Center for Creative Leadership
John Alexander
Assistant Vice President of Public Affairs
One Leadership Place
P.O. Box 26300
Greensboro, NC 27438-6300
(919) 288-7210

The Center for Creative Leadership is an international, nonprofit educational institute founded in 1970. Its mission is to encourage and develop creative leadership and effective management for the good of society. The Center accomplishes its mission through research, training, and publication, with emphasis on the widespread innovative application of the behavioral sciences to the challenges facing the leaders of today and tomorrow.

Center for Law and Social Policy (CLASP)
Alan W. Houseman
Executive Director
Mark Greenberg
Senior Staff Attorney
1616 P Street, NW, Suite 450
Washington, DC 20036
(202) 328-5140

CLASP works to establish effective linkages between U.S. welfare and education systems to help address the problems of America's poor families. The Center provides information and technical assistance to state and federal officials, school personnel, and legal and policy advocates.

Center for the Study of Social Policy (CSSP)
Tom Joe
Director
Cheryl Rogers
Senior Research Associate
Atelia I. Melaville
Senior Associate
1250 Eye Street, NW, Suite 503
Washington, DC 20005
(202) 371-1565

The Center provides information on the principles of interagency and intergovernmental planning, budgeting, and service delivery.

The Chapin Hall Center for Children
Joan Wynn
Research Fellow
University of Chicago
1155 60th Street
Chicago, IL 60637
(312) 753-5900

Chapin Hall is an independent center for the research and development of policies, practices, and programs affecting children. Chapin Hall seeks to articulate and represent the interests of children by bringing information, analysis, and an independent perspective to the ongoing public debate about their needs and the ways to meet those needs. While focusing on the children in the state of Illinois, Chapin Hall's work also illuminates the condition of children nationwide.

Child and Family Policy Center
Charles Bruner
Executive Director
100 Court Avenue, Suite 312
Des Moines, IA 50309
(515) 280-9027

The Child and Family Policy Center is a state-based, policy-research implementation organization. The Center's mission is to better link research with public policy on issues vital to children and families, thus strengthening families and providing full development opportunities for children.

Child Welfare League of America, Inc. (CWLA)
Robert Aptekar
Director
Institute for the Advancement of Child Welfare Practice
440 First Street, NW, Suite 310
Washington, DC 20001-2085
(202) 638-2952

CWLA is a 70-year old organization of more than 630 child welfare agencies from across the United States and Canada. Together with the 150,000 staff members from its member agencies, CWLA works to ensure quality services for over two million abused, neglected, homeless, and otherwise troubled children, youth, and families.

Children's Defense Fund (CDF)
Olivia Golden
Director
Darryl Johnston
Deputy Director
Policy and Program Coordination
122 C Street, NW
Washington, DC 20005
(202) 628-8787

CDF, a private, nonprofit advocacy organization, gathers data, publishes reports, and provides information on key issues affecting children. It also monitors the development and implementation of federal and state policies; provides technical assistance and support to a network of state and local child advocates, organizations, and public officials; and pursues an annual legislative agenda.

Communications Consortium Media Center
Phil Sparks
Codirector
1333 H Street, NW, Suite 700
Washington, DC 20005
(202) 682-1270

The Communications Consortium Media Center is a nonprofit public interest media organization. The Consortium offers strategic media advice and training to public interest groups interested in public policy. Current Consortium projects include family preservation, civil rights, health care reform, and women's health issues.

Council of Chief State School Officers (CCSSO)
Cynthia G. Brown
Director, Resource Center on Educational Equity
Glenda Partee
Assistant Director
400 North Capitol Street
Washington, DC 20001
(202) 408-5505

CCSSO is a nonprofit organization composed of the heads of the 57 departments of public education in every state, the District of Columbia, the Department of Defense Dependent Schools, and five extra-state jurisdictions. The CCSSO Resource Center on Educational Equity is responsible for implementing various CCSSO leadership initiatives to provide better educational services to children and youth at risk of school failure.

Council of the Governors' Policy Advisors (CGPA)
Kent Peterson
Director of State and Local Services
Hall of the States
400 North Capitol Street, Suite 390
Washington, DC 20001
(202) 624-5386

The CGPA is a membership organization of the policy and planning staff of the nation's governors. Through its office, the Council provides assistance to states on a broad spectrum of policy matters. The Council also conducts policy and technical research on both state and national issues. The Council has been affiliated with the National Governors' Association since 1975.

Council of the Great City Schools
Michael Casserly
Acting Director
1413 K Street, NW, 4th Floor
Washington, DC 20005
(202) 371-0163

The Council of Great City Schools is the primary advocate for public urban education in America. The Council promotes public policy to ensure the improvement of education and equity in the delivery of comprehensive educational programs and provides a forum for urban educators to develop strategies, exchange ideas, and conduct research on urban education.

Education Commission of the States (ECS)
Robert M. Palaich
Director of Policy Studies
707 17th Street, Suite 2700
Denver, CO 80202-3427
(303) 299-3600

Created in 1965, ECS is an interstate compact that helps state leaders improve the quality of education. ECS conducts policy research, surveys and special studies; maintains an information clearinghouse; organizes state, regional and national forums; provides technical assistance to states; and fosters nationwide leadership and cooperation in education.

Education Writers Association (EWA)
Bert Menninga
Assistant Director
1001 Connecticut Avenue, NW, Suite 310
Washington, DC 20036
(202) 822-8405

The EWA is the professional association for reporters and other writers who cover education. EWA publishes several newsletters, including the urban middle grades bi-monthly High Strides. The association also runs conferences, sponsors several fellowship programs, sponsors a contest for education reporting, and publishes periodic reports.

Elementary School Center (ESC)
Allan Shedlin, Jr.
Executive Director
2 East 103rd Street
New York, NY 10029
(212) 289-5929

ESC is a national study and resource center committed to elementary and middle schools and their constituents: children, families and staff. ESC also fosters interaction among practitioners in many fields.

Family Resource Coalition
Judy Langford Carter
Executive Director
200 South Michigan Avenue, Suite 1520
Chicago, IL 60604
(312) 341-0900

The Family Resource Coalition is a national organization whose immediate goal is to improve the content and expand the number of programs available to parents for strengthening families. The Coalition serves programs, parents, researchers, and policymakers by providing information and technical assistance related to prevention program models, strategies, and research.

Healthy Mothers, Healthy Babies Coalition
Leslie Dunne
Administrative Assistant
409 12th Street, SW
Washington, DC 20024-2188
(202) 863-2458

Healthy Mothers, Healthy Babies Coalition is an informal association of more than 100 national organizations interested in maternal and infant health. The purpose of the Coalition is to foster education efforts for pregnant women through collaborative activities and sharing of information and resources at the state and national levels.

Institute for Educational Leadership (IEL)
Jacqueline P. Danzberger
Director of Governance Programs
Martin J. Blank
Senior Associate
1001 Connecticut Avenue, NW, Suite 310
Washington, DC 20036
(202) 822-8405

IEL is a nonprofit organization dedicated to collaborative problem-solving strategies in education and among education, human services, and other sectors. The Institute's programs focus on leadership development, cross-sector alliances, demographic analyses, business-education partnerships, school restructuring, and programs concerning at-risk youth.

Malcolm Weiner Center for Social Policy
Julie Wilson
Director
John F. Kennedy School of Government
Harvard University
79 John F. Kennedy Street
Cambridge, MA 02138
(617) 495-1461

The Malcolm Weiner Center for Social Policy strives to improve public policy and practice in the areas of health care, human services, education, and labor. The mission of the Center is to draw on the worlds of scholarship, policy, and practice to address these and other pressing questions. Their goals are to carry out research on policy-related topics, provide professional education, ensure that research and education are tied closely to politics and practice in the field, and develop working partnerships with the broader policy community.

National Alliance of Business (NAB)
Esther Schaefer
Senior Vice President and Executive Director
Terri Bergman
Director, Program Activities
Center for Excellence in Education
1201 New York Avenue, NW, Suite 700
Washington, DC 20005
(202) 289-2888

NAB seeks to help build a quality workforce for America that will provide business with highly qualified, job-ready workers. The Alliance carries out its mission by working with private employers and through public/private partnerships.

National Alliance of Pupil Service Organizations (NAPSO)
Rhonda Talley
Director
Policy and Advocacy in the Schools Practice Directorate
750 First Street, NW
Washington, DC 20002-4242
(202) 336-5878

NAPSO is a coalition of national professional organizations whose members provide a variety of remedial, supportive, and preventive services required to assist children to benefit fully from their education.

National Assembly of National Voluntary Health and Social Welfare Organizations, Inc.
Gordon A. Raley
Executive Director
Kae G. Dakin
Director of Membership Services
1319 F Street, NW, Suite 601
Washington, DC 20004
(202) 347-2080

The National Assembly is an association of national voluntary human service organizations that work together to advance the mission of each agency and the human service sector as a whole. The Assembly facilitates organizational advocacy for public policies, programs, and resources that are responsive to human service organizations and those they serve.

National Association of Community Health Centers (NACHC)
Tom Van Coverden
Executive Director
Freda Mitchem
Associate Director for Systems Development
1330 New Hampshire Avenue, NW
Washington, DC 20036
(202) 659-8008

NACHC is a nonprofit advocacy and membership organization representing community and migrant health centers, health care for the homeless programs, and others interested in improving access of low-income individuals and medically underserved communities to preventive and primary health care services. NACHC provides information support and technical assistance to health centers; organizes conferences, workshops, and training seminars; publishes newsletters and educational materials; and works to ensure that all persons receive high-quality, culturally competent, comprehensive preventive and primary health care services.

National Association of Counties (NACo)
Brian Loguna
Legislative Assistant
440 First Street, NW
Washington, DC 20001
(202) 393-6226

NACo, the only national organization representing county government in the U.S., serves as a national advocate for county concerns and assists in finding innovative methods for meeting challenges counties face. In human services, NACo's mission is to aid in developing programs designed to encourage self-support, self-reliance, strengthened family life, and the protection of children and adults.

National Association for the Education of Young Children (NAEYC)
Marilyn M. Smith
Executive Director
Elizabeth Ford
Special Project Director
1834 Connecticut Avenue, NW
Washington, DC 20009
(202) 232-8777

NAEYC offers professional development opportunities to early childhood educators designed to improve the quality of services to children from birth to age 8. NAEYC publishes a quarterly journal; conducts annual conferences; provides information and resources on child development and public policy affecting young children; and administers a national, voluntary accreditation system for child care centers and schools. NAEYC established an initiative to improve the quality and consistency of professional preparation programs for early childhood educators.

National Association of Elementary School Principals (NAESP)
Samuel G. Sava
Executive Director
1615 Duke Street
Alexandria, VA 22314-3483
(703) 684-3345

NAESP is a professional organization of more than 26,000 elementary and middle school principals around the world. NAESP conveys the unique perspective of the school principal to the highest policy councils of our national government. Through national and regional meetings, award-winning publications, and joint efforts with affiliates, NAESP is a strong advocate for the millions of American children.

National Association of Secondary School Principals (NASSP)
Timothy J. Dyer
Executive Director
Thomas Koerner
Associate Executive Director
1904 Association Drive
Reston, VA 22091
(703) 860-0200

NASSP is an association serving all school administrators in middle schools and high schools. It publishes a host of materials in print, audio and videotapes, and software; conducts conventions and conferences for professional development; and provides a national voice in government.

National Association of Social Workers (NASW)
Sheldon Goldstein
Executive Director
Isadora Hare
Senior Staff Associate
750 First Street, NE, Suite 700
Washington, DC 20002-4241
(202) 336-8600

NASW members are professionally qualified social workers who provide services to children and families in health, education, and social service agencies. Case management, coordination of services, and advocacy are major functions performed by social workers. NASW organizes conferences, provides information and technical assistance, develops standards, and advocates for more effective service delivery systems.

National Association of State Boards of Education (NASBE)
Candace Sullivan
Director
Coordinated Services for Children
1012 Cameron Street
Alexandria, VA 22314
(703) 684-4000

NASBE is a nonprofit, private association that represents state and territorial boards of education. NASBE provides information on: educational policy-setting at the state level; successful programs for youth at risk; adolescent health; and early childhood education. Publications on these subjects are available.

National Center for Children in Poverty (NCCP)
Carole Olshinsky
Clearinghouse Coordinator
Columbia University School of Public Health
154 Haven Avenue
New York, NY 10032
(212) 927-8793

NCCP's goal is to strengthen programs and policies for young children and their families who live in poverty in the United States. NCCP seeks to achieve this goal through interdisciplinary analysis and dissemination of information about public and private initiatives in the areas of early childhood care and education, maternal and child health, and the integration of services for young children and their families.

National Commission to Prevent Infant Mortality
Rae K. Grad
Executive Director
330 C Street, SW, Room 2014
Washington, DC 20201
(202) 205-8364

The National Commission to Prevent Infant Mortality focuses on practical solutions at the federal, state, and local levels for improving the health and well-being of mothers and children rather than creating a new body of research. The current activities of the Commission continue to bring national attention and a strengthened momentum to activities which promote the health of mothers and children.

National Committee for Citizens in Education (NCCE)
Jocelyn Garlington
Director for the Dropout Program
900 Second Street, NE, Suite 8
Washington, DC 20002
(202) 408-0447

NCCE is a nonprofit organization to encourage parent and citizen involvement in public education. NCCE is committed to building broad support for effective public schools and promoting excellence in education for every child. NCCE provides information about key issues in education, encourages family/school/community partnerships, and works to build and strengthen coalitions for reform.

National Community Education Association (NCEA)
Starla Jewell-Kelly
Executive Director
801 North Fairfax Street, Suite 209
Alexandria, VA 22314
(703) 683-6232

NCEA's purpose is to promote parent and community involvement in public education, promote community partnerships to address community needs, and expand lifelong learning opportunities for community residents of all ages and educational backgrounds.

NCEA offers conferences, workshops, consultancies, and publications, including a newsletter, *Community Education Today* and the quarterly *Community Education Journal*.

National Conference of State Legislatures (NCSL)
William T. Pound
Executive Director
Candace Romig
Group Director
Human Services Department
1560 Broadway, Suite 700
Denver, CO 80202-5140
(330) 830-2200

NCSL serves the legislators and staffs of the nation's 50 states, its commonwealths, and its territories. NCSL is a nonpartisan organization with three objectives: 1) to improve the quality and effectiveness of state legislatures; 2) to foster interstate communication and cooperation; and 3) to ensure states a strong and cohesive voice in the federal system. The Children, Youth, and Families Program of NCSL offers an information clearinghouse, research assistance, technical assistance, and publications on state policy issues vital to children and families.

National Governors' Association (NGA)
Evelyn Ganzglass
Director, Training and Employment Program
Linda McCart
Director, Consortium for the Implementation of the Family Support Act
(APWA, NACo, CCSSO, and NGA)
Susan Traiman
Director, Education Program
444 North Capitol Street, Suite 250
Washington, DC 20001
(202) 624-5300

NGA, representing the Governors of the 50 states and the territories, seeks to influence the shape and implementation of national policy and to apply creative leadership to the solution of state problems. NGA provides assistance to Governors and their staffs in the areas of education, social services, employment/training, and health policy through research, publications, conferences, and consultation.

National Head Start Association (NHSA)
Sarah M. Greene
Chief Executive Officer
Ena M. Hall
Director, Public Relations/Marketing
201 North Union Street, Suite 320
Alexandria, VA 22314
(703) 739-0875

NHSA focuses on issues that shape the future of Head Start and uses its national voice to inform communities, states, corporate America, and Washington lawmakers of its concerns. Major activities of NHSA include education and advocacy on behalf of Head Start children, families, and programs.

National League of Cities (NLC)
John E. Kyle
Project Director
1301 Pennsylvania Avenue, NW
Washington, DC 20004
(202) 626-3030

The NLC represents 1,400 cities directly and 15,000 cities and towns through 49 states municipal leagues. It serves as an advocate for its members in Washington, DC; provides training and technical assistance to municipal officials; and undertakes research and policy analysis on issues of importance to the nation's cities. The Project on Children and Families in Cities is an ongoing effort to encourage and assist local officials in meeting the needs of children and families.

National School Boards Association
Thomas A. Shannon
Executive Director
Philip A. Smith
Communications Director
1680 Duke Street
Alexandria, VA 22180
(703) 838-6722

The National School Boards Association is a not-for-profit organization with four basic objectives: 1) to advance the quality of education in the nation's public elementary and secondary schools, 2) provide informational services and management training programs to local school board members, 3) represent the interest of school boards before Congress, federal agencies, and the courts, and 4) strengthen local citizen control of the schools, whereby education policy is determined by school boards directly accountable to the community.

National Youth Employment Coalition (NYEC)
Alan Zuckerman
Executive Director
1501 Broadway, Room 1111
New York, NY 10036
(212) 840-1834

NYEC, a nonprofit membership organization, has existed since 1979 to increase and promote opportunities for the education, employment, and training of disadvantaged youth. Through a range of activities aimed at disseminating information, monitoring legislation, providing technical assistance, and promoting collaborative efforts, the Coalition brings together 60 member organizations concerned with youth employment.

Program for Community Problem Solving
Bill Potapchuk
Director
1301 Pennsylvania Avenue, NW, Suite 600
Washington, DC 20004
(202) 626-3183

The Program for Community Problem Solving (PCPS), sponsored by five nonprofit associations of community leaders, assists communities around the country in developing collaborative civic infrastructures. PCPS serves as a clearinghouse for information related to collaborative problem solving and offers training, technical assistance, and coaching in process design, negotiation, mediation, and cross-cultural dynamics. Staff also provide hands-on facilitation and mediation for projects expected to produce results generalizable to multiple communities.

Quality Education for Minorities Network (QEM)
Laura-Lee Davidson
Assistant, Communications Department
1818 N Street, NW, Suite 350
Washington, DC 20036
(202) 659-1818

The QEM Network is a nonprofit organization dedicated to improving education for minorities throughout the nation. The QEM network seeks to serve as a national resource and catalyst to help unite and strengthen educational restructuring efforts to the benefit of minority children, youth, and adults, while advancing minority participation and leadership in the national debate on how to ensure access to a quality education for all citizens.

United States Conference of Mayors
J. Thomas Cochran
Executive Director
Laura Dekoven Waxman
Assistant Executive Director
1620 Eye Street, NW
Washington, DC 20006
(202) 293-7330

Founded in 1932, the U.S. Conference of Mayors is the official nonpartisan organization of the more than 900 cities with a population of 30,000 or more. Each city is represented in the Conference by its chief elected official, the mayor. The principal role of the Conference of Mayors is to aid the development of effective national urban policy, to serve as a legislative action force in federal-city relations, to ensure that federal policy meets urban needs, and to provide mayors with leadership and management tools of value to their cities.

United Way of America
Curt Johnson
Director
Community Problem Solving
701 North Fairfax Street
Alexandria, VA 22314-2045
(703) 683-7835

United Way's Mobilization for America's Children is dedicated to "ensuring the birthright of hope for America's children by uniting communities to speak on their behalf." The initiative, which has a 20-year lifespan, is pursuing its mission through community-based coalition building, public-education campaigns, and advocacy efforts. Partners in this effort include the Coalition for America's Children and the Coalition of Community Foundation for Youth.

The Urban Institute
Susan Brown
Director of Public Affairs
2100 M Street, NW, 5th Floor
Washington, DC 20037
(202) 833-7200

The Urban Institute is a nonprofit research organization established in 1968. The staff investigates the social and economic problems confronting the nation and government policies and public and private programs designed to alleviate them. Institute researchers analyze pending legislation, serve as expert witnesses before congressional committees, and advise members of the executive and legislative branches, the media, and other interested groups.

Wider Opportunities for Women (WOW)
Cynthia Marano
Executive Director
1325 G Street, NW, Lower Level
Washington, DC 20005
(202) 638-3143

WOW is a national women's employment organization that works to achieve equality of opportunity and economic independence for women. WOW coordinates the Women's Work Force Network, connecting 450 local employment and training programs and serving 300,000 women each year. WOW's resources include program models and technical assistance guides related to combining literacy and employment training for single mothers.

William T. Grant Foundation Commission on Work, Family and Citizenship (reinvented as the American Youth Policy Forum)

Samuel Halperin
Director
1001 Connecticut Avenue, NW, Suite 301
Washington, DC 20036
(202) 775-9731

The American Youth Policy Forum is a new entity born from the work of the Grant Commission on the school-to-work transition. The Forum's mission is to assist in the creation of public policies and private practices that result in American youth being better equipped for success in their multiple roles as workers, parents, and citizens. Using informal educational tools (e.g., information exchange, consensus building, and site visits), the Forum will assist policymakers at the national and state levels to develop more coherent, comprehensive, and informed policies in education, training, youth service, and other dimensions of youth development.

Youth Law Center

Mark Solar
Executive Director
114 Sansome Street, Suite 950
San Francisco, CA 94104
(415) 543-3379

Youth Law Center is a private, nonprofit law firm working nationwide to protect the rights of children. The Center works on legislative advocacy; class action law suits; education and training; and publication in the areas of juvenile justice, child welfare, health, special education, and coordinating services.

Zero to Three

Eleanor S. Szanton
Executive Director
2000 14th Street North, Suite 380
Arlington, VA 22201
(703) 528-4300

Zero to Three is the only national nonprofit organization dedicated solely to improving the chances for healthy physical, cognitive, and social development of infants, toddlers, and their families. Through training programs, technical assistance, publications, and scientific seminars, Zero to Three works to translate scientifically based knowledge of prevention and early intervention strategies into policy and practice at the community, state, and national levels.

Notes

Quotes by study panel members are not cited.

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[2] Richard P. Kusserow, *Services Integration: A Twenty-Year Retrospective* (Washington, D.C.: Office of Inspector General, U.S. Department of Health and Human Services, 1990), i.

[3] Crowson and Boyd, 13.

[4] U.S. Department of Education, *America 2000: An Education Strategy* (Washington, D.C.: U.S. Government Printing Office, 1991), 25.

Part I

[1] Adapted from Gelareh Asayesh, "Aching To Do Better," in *Listening to Mothers' Voices: A Reporter's Guide to Family Literacy* (Washington, D.C.: Education Writers Association, 1992): 17-23.

[2] Phillip J. Schwatz, Isadora Hare, Peter J. Pecora, and Joan H. Zlotnick, "Children At-Risk: A Social Work Perspective" (paper presented at the 2nd Annual National Leadership Symposium of the National Consortium on Interprofessional Education and Practice, Airlie, Virginia, 1-3 June 1988), 1.

[3] "The Need to Invest in Children," *Youth Policy* (March/April 1992): 16.

[4] *Children in Need: Investment Strategies for the Educationally Disadvantaged* (New York: Committee for Economic Development, 1987), 1.

[5] *Kids Count Data Book* (Washington, D.C.: Annie E. Casey Foundation and the Center for the Study of Social Policy, 1992), 19.

[6] Center for the Study of Social Policy, *The National Education Goals Report: Building a Nation of Learners* (Washington, D.C.: U.S. Government Printing Office, 1992), 76.

[7] The figure of 100,000 homeless children is based on an approximation from the National Academy of Sciences. However, there exists a wide variation in the estimates of homeless children in the United States. The National Coalition for the Homeless reports 500,000, while the U.S. Department of Education estimates that there are 220,000 school-aged homeless children. (U.S. House of Representatives 101st Congress, *U.S. Children and Their Families: Current Conditions and Recent Trends, 1989* [Washington, D.C.: U.S. Government Printing Office, 1989], 30-31.) The Interagency Council on the Homeless approximates 105,000 children. (Jack Kemp, Secretary of Housing and Urban Development, *The 1990 Annual Report of the Interagency Council on the Homeless* [Washington, D.C.: Interagency Council on the Homeless, 1991], 8.) One reason for the wide discrepancy is that the figures take two forms: annual estimates and point-in-time counts. The former assesses the number of people in need during one year, while the latter provides information on the number of shelter beds needed on a given night.

[8] The phrase "communities where learning can happen" comes from U.S. Department of Education, *America 2000: An Education Strategy* (Washington, D.C.: U.S. Government Printing Office, 1991), 25.

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[18] For a more complete discussion of the differences between cooperative and collaborative efforts, *see* Melaville with Blank, 14-18.

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[2] Atelia Melaville with Martin Blank, *What It Takes: Structuring Interagency Partnerships To Connect Children and Families With Comprehensive Services* (Washington, D.C.: Education and Human Services Consortium, 1991), 14.

[3] Macro Systems, Inc., "One-stop Shopping for Perinatal Services: Identification and Assessment of Implementation Methodologies" (prepared for Division of Maternal, Infant, Child, and Adolescent Health, Maternal and Child Health Bureau, Washington, D.C., 1990).

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[1] Richard N. Brandon, "Social Accountability: A Conceptual Framework for Measuring Child/Family Well-Being" (paper prepared for the Center for the Study of Social Policy, Washington, D.C., March 1992), 10.

[2] *See*, for example, Sidney L. Gardner, *Community Report Cards: Making Kids Count* (Fullerton, California: Center for Collaboration for Children, 1992).

[3] These questions are cited directly from New Beginnings: Feasibility Study. San Diego, 1990.

[4] The Community Planning Project of Information and Referral Services, Inc., *Pima County Children's Mental Health Needs Assessment Study* (Tucson, Arizona: Tucson Community Foundation, May 1, 1990).

[5] Judith K. Chynoweth and Barbara R. Dyer, *Strengthening Families: A Guide for State Policymaking* (Washington, D.C.: Council of Governors' Policy Advisors, 1991), 63.

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[7] Youth Futures Authority: Vision Statement. Savannah-Chatham County, Georgia, 1990.

[8] New Beginnings: Mission Statement. San Diego, 1991.

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[2] John L. McKnight and John Kretzman, "Mapping Community Capacity," *Research and Policy Report* (Evanston, Illinois: Center for Urban Affairs and Policy, Northwestern University, 1992), 9.

[3] Jeanne Jehl and Michael Kirst, "Getting Ready to Provide School-linked Services: What Schools Must Do," *The Future of Children* 2 (1) (Spring 1992): 95-106.

[4] Judith K. Chynoweth and Barbara R. Dyer, *Strengthening Families: A Guide for State Policymaking* (Washington, D.C.: Council of Governors' Policy Advisors, 1991), 35.

[5] Mary Jo Bane, "Paying Attention to Children: Services, Settings, and Systems" (working paper of the executive session on Making the System Work for Poor Children, John F. Kennedy School of Government, Harvard University, Cambridge, Massachusetts, 1991), 18.

[6] *See* "Full Service Schools: A Concept Paper" (developed by the Florida Interagency Work Group on Full Service Schools, 1991), 8.

[7] *See* Drew Altman, "Challenges of Services Integration for Children and Families" (paper presented at the National Forum on the Future of Children and Families, Washington, D.C., 1-2 November 1990), 9.

[8] *The Commissioner's Task Force Report on Mental Health Services for Children and Adolescents* (New York: New York Department of Mental Health, Mental Retardation, and Alcoholism Services, n.d.), 28.

[9] Ibid.

[10] Part H of the Individuals with Disabilities Act (IDEA, formerly the Education of the Handicapped Act) established as the policy of the United States the provision of assistance to states for the development and implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for infants and toddlers with disabilities and their families (Sec. 671). Federal, state, local, and private sources (including public and private insurance coverage) pay for these services at no cost to families, except where federal and state law provides a system of payments by families, including a schedule of sliding fees (Sec. 671-672). Funds were authorized under Part H of the legislation to implement the system of services; facilitate the coordination of payment of services; and enhance, expand, and improve the state's capacity to serve eligible children and their families.

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[5] *See* in particular, Deanna S. Gomby and Carol S. Larson, "Evaluation of School-linked Services," *The Future of Children* 2 (1) (Spring 1992): 68-84. The National Center on Services Integration is also preparing a paper, "Common Sense Evaluation," scheduled for publication in late 1992.

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[3] Institute for Educational Leadership, "Dewitt Wallace-Reader's Digest Collaborative Leaders Program" [Brochure] Washington, D.C., 1992.

[4] Sidney L. Gardner, commentary on *Serving Children and Families Effectively: How the Past Can Help Chart the Future*, by Peter B. Edelman and Beryl A. Radin (Washington, D.C.: Education and Human Services Consortium), 18.

[5] A group of universities started to work together on these issues after the Interprofessional Training Conference, Seattle, Washington, July 24-25, 1992. For more information, contact Sidney L. Gardner, California State University, Fullerton, or Rick Brandon, University of Washington, Seattle.

[6] "Common Principles of Multidisciplinary Education for Professionals in Children and Family Services" (unpublished draft, June 12, 1992), 1.

[7] The Commission on Inter-Professional Education and Practice at Ohio State University defines professional education as "the communication, cooperation, and coordination that occurs between members of two or more professions when they are dealing with client concerns that extend beyond the usual area of expertise of any one profession. It is in essence a bridge building exercise. . . ." Cyril O. Houle, Frederick R. Cyphert, and Davis Boggs, "Education for the Professions," *Theory Into Practice* 26 (2) (Spring 1987): 92.

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[11] We are indebted to Carl Valentine of the Institute for Human Service Management for advancing our thinking on some of these steps. *See* also *Refinancing in Kentucky: Expanding the Base for Family Resource and Youth Service Centers* (Washington, D.C.: Center for the Study of Social Policy, 1991), 4.

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[15] Ibid., 25.

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Bibliography

This bibliography is intended to provide partners with references to general resource material useful in crafting a profamily system. It also provides specific technical materials that can assist with efforts to achieve particular milestones. The bibliography uses alphabetical categories and citations for easy reference. The organizations cited herein can be found in Appendix B.

The bibliography is a work in progress. The National Center on Services Integration (NCSI) and the Institute for Educational Leadership (IEL) made substantial contributions to this document. Both NCSI and IEL are working to maintain resource materials useful to individuals working toward integrated profamily systems of education and human services. Please share other materials useful in crafting a profamily system by contacting the individuals listed below.

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